Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Reserve Code (except private foundations)

2015

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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/forms990.

Open to Public Inspection

A	For t	he 2015 calen	dar year, or ta	ıx year begi	inning		, 2015, and	endin	9			,
B	Check	if applicable:	C Name of orga	nization Al	liance for	Gun Resp	onsibili	ity		D Emplo	per Ichacal	Micalion number
	\square	ddress change	Doing busine							47-	2512	998
	N	iame change	Number and	street (or P.O. b	ox if mail is not delivered	to street address		Room/s	uite	E Telephi	one numi	xer
	T _t	ultial return	PO Box 2	1712				1		(20	6) 3	82-5552
	Пя	inal return/terminated	City or town,	state or province	, country, and 25° or for	ign postal code				1	-, -	
	\square_{\bullet}	mended return	Seattle				WA 98	111		G Gooss	eceipis	\$1,259,430.
	HA	pplication pending	F Name and ad	Idress of principa	il officer:				H(a) Is this	a group retur		
	ш		Renee Hopk	ins PO Bo	ox 21712 S	eattle	WA 98	111	H(b) Are all	subordinates attach a list, (included	
ī	Tax	-exempt status	501(c)(3)	X 501(c) (527	If TNO,	attach a list. (see Instr	uctions)
1					oility.org		1.1		H(c) Group	exemption nu	mber 🏲	•
K	For	n of organization:	X Corporation	Trust		her >	L. Year of					egal domicile: WA
	rt I	Summar		1 1					- 201	تـــــــــــــــــــــــــــــــــــــ		147
شت	1			ation's missic	on or most significa	nt activities:	To ac	lvoca	te fo	r solu	tion	s that
a		-	_		Mashington S		21.5		- 22			
1 2 701B Activities & Governance	ľ									. – – – -	_ ~	
Ē	1											
e e	2	Check this bo	x > if the	organizatio	n discontinued its	operations or	disposed of n	nore th	an 25% c	of its net as	sets.	
Ğ	3				ning body (Part VI,						3	4
== == == ==	4				of the governing b						4	4
Ζ,≝	5			• •	celendar year 201	•	•				5	10
≈રફ	7-				ecessary) Part VIII, column (C						6 7a	75
	, 'a				rom Form 990-T, ii						7b	0.
വാ സ്	 	140t uniferated	DUSITIOSS LAXA	DIO INCOMIO	10/11/0/11/330-1, 11	10 07				rior Year		Current Year
(Z)	8	Contributions	and grants (Pa	art VIII line 1	h)				1	95,0	00	1,022,658.
	9				2g)					95,0		137,229.
⇒₹	10	-	•		, lines 3, 4, and 7d							131/223.
22	11		•		s 5, 6d, 8c, 9c, 10	•						22,462.
SCANNED Revenue	12				must equal Part V					95,0	00.	1,182,349.
	13				, column (A), lines							
	14	Benefits paid	to or for memb	ers (Part IX,	column (A), line 4)							
	15	Salaries, othe	r compensatio	n, employee	benefits (Part IX, o	olumn (A), lir	nes 5-10)					322,821.
Ses	16a	Professional f	undraising fee	s (Part IX, co	olumn (A), line 11e)							24,000.
Expenses	,		_		mn (D), line 25) >		155,8					
ŭ	17		• .	•	es 11a-11d, 11f-24							F26 767
	18								 			<u>526,767.</u>
	19	Povonuo loco	expenses Sul	htmat line 18	quai Fait IX, Wiuii I from line 12	(1), 1116 23		• • •	}	05 0	~	873,588. 308,761.
7.8		140401100 1000	expenses. Cui	0000001110	indinimo iz	·······································	FOEW	F	David-1	93,0	00.1	End of Year
\$ E	20	Total assets (I	Part X line 16)		qual Part IX, colum		LULIV	EU	Бедина	95,0	00	437,549.
100	21		(Part X, line 2			1061 .			18	93,0	00.	33,789.
25	22		•	•	e 21 from line 20		UG 1 8 2	016	101	95,0	00	403,760.
0.	rt II	Signatur		Oublact III	0 21 110111 1110 20	1		• • • •		93,0	00.1	403,700.
					, including accompanying	.LOG	DENL	12			- H in a	ve, व्रजन्दर्व, क्षत्रं
comp	penes piete. De	eclaration of prepare	r (o)her than office	r) is based on all	information of which pre-			YI.	7	cugo ario ua	4 , 4 15 U	ve, asiesi, ess
	-		100	17	•					8/10	211	<u> </u>
Sig	10	3000	e of officer						Da	rte		g
He		Po	1000	that:	n<				Execu	itive_I	Direc	etor
		Type or	print name and title	· · · · ·	#J. 3		$\overline{}$					
		Print/Type pr	eperer's name		Preparer's signature		Date	,		Check	-	PTIN
Pai	id	Philip	Lloyd		Philip Llo	Vd-/	108	/12/	16	self-employe	ا ا	P01598099
	o Span			le CFO,	LLC							
	e On		. ——	TEWART						Firm's EiN	47-	-2810714
			SEATT			WA	98101			Phone no.		
May	/ the I	RS discuss this			hown above? (see			 -			• • •	. X Yes No
					the separate inst			TEE/	10101 TO/1	2/15 ^	00	Form 990 (2015)

	990 (2015) Alliance for Gun Responsibility	47-2512998	Page 2
Par		·	
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	<u>x</u>
1	Briefly describe the organization's mission:		
_	To advocate for solutions that		== =
	reduce gun violence in Washington State.	 _	-
			.
2	Did the organization undertake any significant program services during the year which were not listed on the p		
2	Form 990 or 990-EZ?		□ No
	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	X No
	If 'Yes,' describe these changes on Schedule O.		<u> </u>
4	Describe the organization's program service accomplishments for each of its three largest program services, a Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other and revenue, if any, for each program service reported.	s measured by expens ners, the total expense	ses. ·s,
4 a	(Code:) (Expenses \$650, 208. including grants of \$0.) (Recode:)		37 <u>,229.</u>)
	The Alliance for Gun Responsibility advocated and informed policy		
	makers on the importance of gun violence prevention laws. This in		
4 b	(Code:) (Expenses \$ including grants of \$) (Re	evenue \$	<u> </u>
			. – – – – –
			. – – – – –
4 c	(Code:) (Expenses \$ including grants of \$) (Re	evenue \$)
			
			-
			-
		- -	
			- -
		- 	-
4 d	Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)
4 0	Total program service expenses 650,208.		

47-2512998 Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete X 2 Х 3 4 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 Х 5 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, 6 Х 7 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' Х 8 Х 9 Х 10 If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule Х 11 a Х 11 b Х 11 c Х e Did the organization report an amount for other liabilities in Part X, line 25? If Yes, complete Schedule D, Part X. . . . 11 e Х 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 . . 11 f Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Х 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional Х 12b Х 13 Х 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, 14b Х 15 Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Х 16 Х 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 Х

Х

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.

Page 4 Part IV Checklist of Required Schedules (continued) No Yes Х 20a Did the organization operate one or more hospital facilities? If 'Yes', complete Schedule H 20a b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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 Х 21 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, Х 22 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* Х 23 Х 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? 24d Х 25a b is the organization aware that it engaged in an excess benefit transaction with a disgualified 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 25b Х Х 26 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 Х 27 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): a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV . . 28a Х **b** A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete* Х 28b Х 28c Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes.' complete Schedule M Х 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation Х 30 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I . . . Х 31 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Х 32 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 Х 33 Was the organization related to any tax-exempt or taxable entity? If Yes,' complete Schedule R, Part II, III, or IV, Х 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? Х 35a 35b 36 37

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Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Part V	Sta	ter	ne	nts	; F	Reg	ar	din	g	Other	IRS	Fili	ngs	and	T	ax	Со	mpliance	•
																	_		

	Cited in Concedit C Contains a respense of note to any line in this rate V			للبن
1	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
-	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			_
	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1 c		
2	a 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 10		_	
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		Х
	b If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O	3 b		
	a 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)?	4 a		х
	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)	_ [.,
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
	c If Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6	a 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?	6 a	х	
ı	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b	х	
7	Organizations that may receive deductible contributions under section 170(c).			
i	a 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?	7 a		-
ı	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
(Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	1		
	Form 8282?	7 c		<u> </u>
	d If 'Yes,' indicate the number of Forms 8282 filed during the year			-
	B Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		
	F Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	/1		
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
8	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a	7 h		
Ü	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.	-		
	a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		-
	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 Ь		
	Section 501(c)(7) organizations. Enter.			
	a Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
á	a Gross income from members or shareholders			
ı	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12:	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
1	b 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.			
1	a Is the organization licensed to issue qualified health plans in more than one state?	13 a]	
	Note. See the instructions for additional information the organization must report on Schedule O.			
i	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			
	Enter the amount of reserves on hand			د ۔
	a Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b]	

Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

defiedule O. dee maraations.	_
Check if Schedule O contains a response or note to any line in this Part VI	·

Sec	tion A. Governing Body and Management			
			Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year			
	of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
t	Enter the number of voting members included in line 1a, above, who are independent 1 b			
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		ΪX
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents	_		
	since the prior Form 990 was filed?	4		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
7 a	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?	7 a		Х
	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
•	stockholders, or persons other than the governing body?	7 b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following.	,	_	
а	The governing body?	8 a	Х	
Ł	Each committee with authority to act on behalf of the governing body?	8 b	Х	
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	6		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
			Yes	No
10 a	Did the organization have local chapters, branches, or affiliates?	10a		х
	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?	10 b		
11 a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	Х	
t	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12 a	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12 c	Х	
42		13	$\frac{\lambda}{X}$	
13	Did the organization have a written document retention and destruction policy?	14		
14		14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15 a	_X	
k	Other officers or key employees of the organization	15 b		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			
16 a	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		х
ŀ	If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16 b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a for public inspection. Indicate how you made these available. Check all that apply.			
	Own website			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available the public during the tax year	e to		
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
		06) (659-0	6737
DAA		<u></u>		2015)

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highe Independent Contractors	st Compensated Employ	ees, and
Check if Schedule O contains a response or note to any line in this Part VII		L
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compens	sated Employees	
1a Complete this table for all persons required to be listed. Report compensation for the calendar year endorganization's tax year.	ling with or within the	
• List all of the organization's current officers, directors, trustees (whether individuals or organizations compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.), regardless of amount of	
 List all of the organization's current key employees, if any. See instructions for definition of 'key employees. 	lovee.'	

- 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 nor any rela	ted organi	zatio	n co	mpe	ensa	ted a	ny d	current officer, dire	ctor, or trustee	
				(C)						
(A) Name and Title	(B) Average hours per	1 12	both dir	(do no box, u an of ector/	fficer truste			(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other compensation
	week (list any hours for related organiza- tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	from the organization and related organizations
	4.00	х		х				0.	0.	0.
(2) Leesa Manion Secretary	300	х	- 1	х				0.	0.	Ō.
	1.00	х						0.	0.	0.
	1.00	х						0.	0.	0.
	3.00			Х				0.	0.	0.
	40.00			Х	х			52,680.	0.	0.
	40.00			х	х			47 , 917.	0.	0.
_(8)										
(9)										
(10)										
(11)								. <u>-</u>		
(12)										, ,,
<u>(13)</u>										
(14)										
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47-2512998	

Part VII Section A. Officers, Directors, T		Key	En			es,	an	d Highest Con	pensated Emp	oloyee	S (cont	inued)
(A)	Average hours	box	i, unle	Pos check	erson i directo	than o s both or/trust	an_ ee)	(D) Reportable Compensation from	(E) - Reportable - compensation from		(F) stimated unt of oth	
	week (list any hours for related organiza - tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	con f org	npensation rom the anization d related anization	on I
(15)				_								
(16)												
(17)									<u> </u>	 		
(18)												
(19)		-							-			
(20)		1										
(21)												
(22)												
(23)												
(24)		-		22.						 		
(25)												
1 b Sub-total		Ш.		<u> </u>	<u> </u>		•	100,597.	0.			0.
c Total from continuation sheets to Part VII, Sect	ion A					'	▶	100,001.	<u> </u>			
d Total (add lines 1b and 1c)							>	100,597.	0.			0.
2 Total number of individuals (including but not limite from the organization ►	ed to those	listed	abo	ove)	who	rece	ivec	d more than \$100,0	00 of reportable cor	mpensa	tion	
3 Did the organization list any former officer, directo											Yes	No
 on line 1a? If 'Yes,' complete Schedule J for such a For any individual listed on line 1a, is the sum of rethe organization and related organizations greater 	eportable co	ompei 000?	nsat <i>If "</i> Y	ion a	and e	other	cor	mpensation from		3		X
such individual	compensat	· · · ion fro	 om a	 any i	unrel	 ated	org	anization or individ		. 4		Х
for services rendered to the organization? If 'Yes,' Section B. Independent Contractors	complete S	ched	ule .	J for	SUC	n per	son	<u> </u>	· · · · · · · · · · · · · · · · · · ·	. 5		Х
Complete this table for your five highest compensation from the organization. Report comp	ated indepe	ndent	t cor	ntrac	tors	that i	rece	eived more than \$1	00,000 of	ear.		
(A) Name and business add					<u></u>		Ĭ	(B) Description o			C) ensatio	n
Mandate Media PO Box 80151	Portla	nď		OR	. 9	728	0	Consulting and	Digital Media	1	35,7	68.
											····	
Total number of independent contractors (including	but not lin	nited 1	to th	ose	liste	d abo	ove)) who received mor	e than			
\$100,000 of compensation from the organization	<u>▶</u> 1	TEFAN	109	40/45	2/45					Form	990 (2015

				Responsibili	ty		47-2512998	Page
Par	<u>t V</u>	III Statement of Re						_
		Check if Schedule O	contains a resp	oonse or note to any li	ne in this Part VIII	<u> </u>	<u></u>	<u>.</u>
_					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts	1 a	Federated campaigns .		а			-	
žrai our	t	Membership dues		b				
S, C	0	Fundraising events						
Giff	0	Related organizations .						
ns, Ximi	e	Government grants (contribut	ions) · · 1	е	_			
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, g similar amounts not included		f 1,022,658.				
d d	9	Noncash contributions include		·				
<u>පු පි</u>	h	Total. Add lines 1a-1f .			1,022,658.			
휠				Business Code				
Program Service Revenue		Program Income		900099	137,229.	137,229.	0.	0.
e E	6) 						
Ş	٩	. 						
ၾ	٩	'						
ran	e	All other program service						
Š		Total. Add lines 2a-2f			107 000		· · · · · · · · · · · · · · · · · · ·	
	 	·			137,229.			
	3	Investment income (incluother similar amounts).	Jaing aiviaena:	s, interest and 				
	4	Income from investment					· ·	
	5	Royalties	•					
		·	(ı) Real	(II) Personal				
	6 a	Gross rents]			
	b	Less: rental expenses]			
	1	Rental income or (loss)						
	d	Net rental income or (los						
	7 a	Gross amount from sales of assets other than inventory	(ı) Secunties	(u) Other				
	b	Less cost or other basis and sales expenses						
	C	Gain or (loss)						
	d	Net gain or (loss)		<u></u>				
Other Revenue	8 a	Gross income from fundation (not including \$ of contributions reported	207,500	<u>-</u>				
چ		See Part IV, line 18	•	2 00 540				
౼	۱.	Less: direct expenses		77/010.				
姜		: Net income or (loss) fron		. ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	22,462.			22.462
O	l	Gross income from gami See Part IV, line 19			22,462.		0.	22,462.
		Less: direct expenses			1			
		Net income or (loss) fron						
		Gross sales of inventory, and allowances	•				-	
		Less: cost of goods sold		b				
		Net income or (loss) fron						
	⊢ਾਁ	Miscellaneous Revenu		Business Code				
	11 a							
	Ь	,					·	
	c	·						
	d	All other revenue						

e Total. Add lines 11a-11d

12 Total revenue. See instructions

137,229

0.

Part IX | Statement of Functional Expenses

Check if Schedule O contains a res	ponse or note to any lin	e in this Part IX		
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
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 for- eign individuals. See Part IV, lines 15 and 16				-
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	100,096.	67,885.	20,019.	12,192.
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	176,066.	165,991.	8,475.	1,600.
Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	170,000.	103,331.	0,473.	1,000.
9 Other employee benefits	20,847.	17,655.	2,151.	1,041.
10 Payroll taxes	25,812.	21,860.	2,663.	1,289.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	26,194.	0.	26,194.	0.
d Lobbying	93,800.	93,800.	0.	0.
e Professional fundraising services See Part IV, line 17 .	24,000.			24,000.
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)	47,714.	32,857.	0.	14,857.
12 Advertising and promotion	253,085.	169,250.	0.	83,835.
13 Office expenses	1,550.	1,313.	160.	77.
14 Information technology	33,786.	30,407.	0.	3,379.
15 Royalties				
16 Occupancy	19,365.	16,400.	1,998.	967.
17 Travel	5,601.	4,743.	578.	280.
Payments of travel or entertainment expenses for any federal, state, or local public officials				-
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	5,311.	4,540.	548.	223.
Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a Bank and Transaction Fees	11,916.		0.	11,916.
b Other Advocacy Programs	14,901.	14,901.	0.	. 0.
c Political Contributions	6,650.	6,650.	0.	0.
d Telephone	1,597	1.352.	165.	80.
e All other expenses	5,297.	604.	4,613.	80.
25 Total functional expenses. Add lines 1 through 24e	873,588.	650,208.	67,564.	155,816.
Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				
SOP 98-2 (ASC 956-720)		<u></u>		Form 990 (2015)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning_of_year	_ [(B) _End_of year
	1	Cash – non-interest-bearing	95,000.	1	419,464.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	18,085.
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			
		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 organizations (see instructions). Complete Part II of Schedule L		6	
ध	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
A	9	Prepaid expenses and deferred charges		9	·
	10 a	Land, buildings, and equipment. cost or other basis. Complete Part VI of Schedule D			-
i	b	Less: accumulated depreciation 10 b		10 c	
	11	Investments – publicly traded securities	·-	11	·
	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 34)	95,000.	16	437,549.
寸	17	Total assets. Add lines 1 through 15 (must equal line 34)	20,000.	17	33,789.
	18	Grants payable		18	
l	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
တ္မ	21	Escrow or custodial account liability. Complete Part IV of Schedule D	"	21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties		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		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	33,789.
Ses		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.			
E	27	Unrestricted net assets	95,000.	27	403,760.
Ba	28	Temporarily restricted net assets		28	
핗	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ► and complete lines 30 through 34.			
3	30	Capital stock or trust principal, or current funds		30	
8	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds		32	
草	33	Total net assets or fund balances	95,000.	33	403,760.
_	34_	Total liabilities and net assets/fund balances	95,000.	34	437,549.
DA/			32,200		

BAA

Form **990** (2015)

Form 990 (2015) Alliance for Gun Responsibility 47	-2512998		Pa	ige 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>			<u>. </u>
	revenue (must equal Part VIII, column (A), line 12)		1,1	82,3	349.
2 -Total	expenses (must equal Part IX, column (A), line 25)	_ 2	8-	7-3-, 5	88
3 Reve	nue less expenses. Subtract line 2 from line 1	3	_3(08,7	61.
4 Net a	ssets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		95,0	000.
5 Net u	nrealized gains (losses) on investments	5			
	ted services and use of facilities	6			
	tment expenses	7			
8 Prior	penod adjustments	8			
9 Othe	r changes in net assets or fund balances (explain in Schedule O)	9			
	ssets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	nn (B))	10	4	03,7	61.
Part XII	Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				$\cdot \square$
				Yes	No
1 Acco	unting method used to prepare the Form 990 [.]				
	organization changed its method of accounting from a prior year or checked 'Other,' explain hedule O.				
2 a Were	the organization's financial statements compiled or reviewed by an independent accountant?		2 a		Х
	s,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on rate basis, consolidated basis, or both:	а			
	Separate basis Consolidated basis Both consolidated and separate basis				
b Were	the organization's financial statements audited by an independent accountant?		2 b		Х
	s,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both:				
Dasis	Separate basis Consolidated basis Both consolidated and separate basis		1 1		
		.4.4			-
revie	s' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the au w, or compilation of its financial statements and selection of an independent accountant?		2 c		
If the	organization changed either its oversight process or selection process during the tax year, explain hedule O.				
	result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Act and OMB Circular A-133?	e 	3 a		х
ь if 'Ye	s,' did the organization undergo the required audit or audits? If the organization did not undergo the required	audit			
or au	dits, explain why in Schedule O and describe any steps taken to undergo such audits		3 b		
BAA			Form	990 (2015)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No 1545-0047

2013

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ. ► Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered 'Yes,' on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

• Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.

- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered 'Yes,' on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A

If the organization answered 'Yes,' on Form 990, Part IV, line 5 (Proxy Tax) (see instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see instructions), then

• Section 501(c)(4), (5), or (6)) organizations: Complete Part III.			
Name of organization	· · · · · · · · · · · · · · · · · · ·		Employer identific	cation number
Alliance for Gun Re	esponsibility		47-251299	988
11.5	e organization is exempt under sec	• •		ization.
	ne organization's direct and indirect political car			
2 Political expenditures				14,527
3 Volunteer hours	· · · · · · · · · · · · · · · · · · ·		<u></u>	
Part I-Bi Complete if th	e organization is exempt under sec	tion 501(c)(3).		
1 Enter the amount of any e	excise tax incurred by the organization under se	ection 4955		\$
	excise tax incurred by organization managers u			
3 If the organization incurre	d a section 4955 tax, did it file Form 4720 for th	nis year?		· · · · Yes No
4 a Was a correction made?				Yes 🖺 No
b If 'Yes,' describe in Part I\				
Part I-C Complete if th	e organization is exempt under sec	tion 501(c) , exce	pt section 501(c)(3)	
1 Enter the amount directly	expended by the filing organization for section	527 exempt function a	ctivities ► Ş	9,527
2 Enter the amount of the finction activities	ling organization's funds contributed to other or	ganizations for section	527 exempt	5,000
3 Total exempt function exp	penditures. Add lines 1 and 2. Enter here and or	n Form 1120-POL,		
	file Form 1120-POL for this year?			
5 Enter the names, address	ses and employer identification number (EIN) of ents. For each organization listed, enter the am- utions received that were promptly and directly ical action committee (PAC). If additional space	all section 527 politica	l organizations to which the	ne filing
(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds if none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter -0-
(1) New Directors PA	C 119 1st Ave S Suite 320 Seattle WA 98104		5,000.	0
(2)				
(3)		-		
(4)		_		
(5)		_		
(6)		_		

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2015

Schedule C (Form 990 or 990-EZ) 20	⁰¹⁵ Alliance fo	r Gun Responsibi	litv	47-2512	2998 Page 2
	the organizatio	n is exempt under se			
L_J		gs to an affiliated group (an		iated group member's nam	ne,
address,	, EIN, expenses, and	share of excess lobbying ex	kpenditures).		
B Check ► if the filin	ng organization check	red box A and 'limited contro	ol' provisions apply.		
(The term	Limits on Lobby	ing Expenditures ans amounts pald or incur	red.)	(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu	res to influence publ	ic opinion (grass roots lobby	ina)		
		islative body (direct lobbying			
c Total lobbying expenditu	res (add lines 1a and	i 1b)			
d Other exempt purpose e	xpenditures				
e Total exempt purpose ex	cpenditures (add line:	s 1c and 1d)			
f Lobbying nontaxable am	ount. Enter the amou	unt from the following table i	n		
If the amount on line 1e, col		The lobbying nontaxable			
Not over \$500,000	(c) c. (c)	20% of the amount on line 1e.			
Over \$500,000 but not over \$1	1,000,000	\$100,000 plus 15% of the excess	s over \$500,000		
Over \$1,000,000 but not over	\$1,500,000	\$175,000 plus 10% of the excess	s over \$1,000,000.		
Over \$1,500,000 but not over \$	\$17,000,000	\$225,000 plus 5% of the excess	over \$1,500,000		
Over \$17,000,000		\$1,000,000		i	
g Grassroots nontaxable a	mount (enter 25% of	line 1f)			
h Subtract line 1g from line	a 1a. If zero or less, e	enter -0			
i Subtract line 1f from line	1c. If zero or less, e	nter -0			
		r line 1h or line 1i, did the or			Yes No
(Som	ne organizations tha	4-Year Averaging Period L it made a section 501(h) el ns below. See the instructi	ection do not have to d		
	Lobb	ying Expenditures During	4-Year Averaging Per	od	· · · · · · · · · · · · · · · · · · ·
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e)) · · · ·					
f Grassroots lobbying expenditures				Cabadata 0.75	000 000 573 0045
BAA				Schedule C (Form	990 or 990-EZ) 2015

Part II-B	Complete if the o	rganization is exer	npt under sectio	n 501(c)(3) a	nd has NOT file	d Form 5768
	(election under s	ection 501(h)).				

(election under Section 30 i(ii)).					
For the Deal was the second of the law manifely to Deal III and the second of	(8)	(1	b)	
For each 'Yes' response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	Yes	No	Ame	ount	
During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
a Volunteers?					
b Paid staff or management (include compensation in expenses reported on lines 1c through 1ı)?					
c Media advertisements?					
d Mailings to members, legislators, or the public?					
e Publications, or published or broadcast statements?				-	
f Grants to other organizations for lobbying purposes?					
g Direct contact with legislators, their staffs, government officials, or a legislative body?					
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
I Other activities?					
j Total. Add lines 1c through 1i					
2 a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?					
b If 'Yes,' enter the amount of any tax incurred under section 4912					
c If 'Yes,' enter the amount of any tax incurred by organization managers under section 4912		ſ			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		j			
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or			
section 501(c)(6).					
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?				Х	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?					X_
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?					X
Part III-B Complete if the organization is exempt under section 501(c)(4), section 501 (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.'	(c)(5) Part l	, or s III-A,	ection 50 line 3, is	01(c)	
1 Dues, assessments and similar amounts from members		1			
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).					
a Current year		2 a			
b Carryover from last year	[2 b			
c Total	[2 c			
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	$\cdots $	3			
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4			
5 Taxable amount of lobbying and political expenditures (see instructions)	<u></u> .	5			
Part IV Supplemental Information					

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4; Part I-C, line 5, Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE G (Form 990 or 990-EZ)

10

Supplemental Information Regarding Fundraising or Gaming Activities

Complete If the organization answered 'Yes' on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015 **Open to Public**

Department of the Treasury Internal Revenue Service Inspection Name of the organization Employer Identification number Alliance for Gun Responsibility 47-2512998 Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. а Solicitation of non-government grants e b Internet and email solicitations f Solicitation of government grants Phone solicitations c Special fundraising events g d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (i) Name and address of individual (II) Activity (Iv) Gross receipts (iii) Did fundraiser (v) Amount paid to (vi) Amount paid to or entity (fundraiser) have custody or control of contributions? from activity (or retained by) (or retained by) fundraiser listed in organization column (i) Newman Partners Yes No 1 Fundraising Х 682,729 24,000 658,729. Mandate Media 2 Х Fundraising 439,472 27,055 412,417. 3 5 7

1,122,201 1,071,146. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. Washington

Part II Fundraising Events. Complete if the organization answered 'Yes' on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		-	(a) Event #1 Luncheon	(b) Event #2	(c) Other events	(d) Total events (add column (a)
R			(event type)	(event type)	(total number)	through column (c)
##>#XU	1	Gross receipts	307,043.			307,043.
E	2	Less: Contributions	207,500.			207,500.
	3	Gross income (line 1 minus line 2)	99,543.			99,543.
	4	Cash prizes				
	5	Noncash prizes				
DIRECT	6	Rent/facility costs				
	7	Food and beverages	48,298.			48,298.
E X E	8	Entertainment	21,000.	<u> </u>		21,000.
#XPEZ9E9	9	Other direct expenses	7,783.			7,783.
S	10	Direct expense summary. Add lines 4 through				
لبب	11	Net income summary. Subtract line 10 from				
Par		Gaming. Complete if the organizati \$15,000 on Form 990-EZ, line 6a.	on answered 'Yes'	on Form 990, Part I	V, line 19, or report	ed more than
#CZ=<	_	_	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Ü E	1	Gross revenue				
_	2	Cash prizes				
D-RECT	3	Noncash prizes	_			
C S T E S	4	Rent/facility costs	<u></u>			
	5	Other direct expenses	T-1			
	6	Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary. Add lines 2 through	gh 5 in column (d)			
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)		
а	Is th	er the state(s) in which the organization conduct organization licensed to conduct gaming aco,' explain:	ctivities in each of these			
		e any of the organization's gaming licenses re				

		17-2512		Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to)	_	_
	administer charitable gaming?		Yes	No
		1 1		
	Indicate the percentage of gaming activity conducted in: The organization's facility	اءما		0
	o An outside facility			
	Enter the name and address of the person who prepares the organization's gaming/special events books and reco			
17	Tenter the figure and address of the person who propares the organization's gaining/special events books and reco	ius.		
	Name •			
	Address •	- -	-	
15 a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? .		. Tyes	No
b	If 'Yes,' enter the amount of gaming revenue received by the organization \$ and t	he amoun	t	
	of gaming revenue retained by the third party			
c	If 'Yes,' enter name and address of the third party:			
	Name •	- -		
	Address •			i
16	Gaming manager information:	-		
10	Calling manager information.			
	Name •	-	 -	-
	Gaming manager compensation \$			
	Description of services provided			
			·	
	Director/officer Employee Independent contractor			
17	Mandatory distributions			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the	.		
	state gaming license?		Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent	in the		
	organization's own exempt activities during the tax year			
Par	tilly: Supplemental Information. Provide the explanations required by Part I, line 2b, colur and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any ac	nns (iii) : Iditional	and (v);	
	information (see instructions).	unional		

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered 'Yes' on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ► Attach to Form 990 or Form 990-EZ.

Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 2015

Open To Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Alliance for Gun Responsibility

Employer identification number

47-2512998 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Co	rrected?
		person and organization		(d) Com Yes	No
(1)					
(2)					\vdash
(3)					
(4)				1	
(5)	·				
(6)					†

Enter the amount of tax incurred by the organization managers or disqualified persons during the year under

Part II Loans to and/or From Interested Persons.

Complete if the organization answered 'Yes' on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	o) Relationship (c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(I) Written agreement?	
			То	From		ĺ	Yes	No	Yes	No	Yes	No
(1)												П
(2)												
(3)							<u> </u>					\vdash
(4)							_	-		-		-
(5)												┢
(6)					<u> </u>							┢
(7)					_	†						┢
(8)							T					┢
(9)			1				†		-			\vdash
10)			1				-					

Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 27,

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					"
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)	-				

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2015

Part IV Business Transactions Involving Interested Persons.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiza reven	anng of zation's nues?	
				Yes	No	
(1) Philip Lloyd	Officer	26,193.	Financial Managment Svs. to Company Owned		Х	
(2)						
(3)			<u> </u>			
(4)						
(4) (5)					1	
(6)			· ·			
(7)						
(8)		•				
(9)						
(10)		Y				

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE 0 (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. ► Attach to Form 990 or 990-EZ.

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2015

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Department of the Treasury Internal Revenue Service

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization		Employer Identincation number
Alliance for Gun	Responsibility	47-2512998
	The organization was formed in late 2014 to make towards reducing gun violence. This is being ac supporting legislation as well as growing a citiz	ccomplished through zens movement to support
	policies that reduce gun violence. See also the	IRS Form 2014 that was
Pt III, Line 2	filed in late 2015.	
	The Form 990 is reviewed by the Executive Direct	or and distributed
Pt VI, Line 11b	electronically to each board member for comments prior to filing.	
	Board members are asked to update their conflict	of interest disclosures
Pt VI, Line 15b	annually.	
	Compensation for the Executive Director is set h	oy an independent
	committee of the board and is based on job dutie	-
Pt VI, Line 15a	salaries of other organizations.	•
Pt VI, Line 19	Documents are available from the organization up	oon request.