EXTENSION GRANTED TO 11/15/19

Return of Organization Exempt From Income Tax

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

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

<u>A r</u>	or th	e 2018 calendar year, or tax year beginning and	enaing				
B c	heck if pplicab	C Name of organization		D Employer identific	cation number		
X	Addre						
]Name	Doing business as		47-2	512998		
]Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r		
	Final	DO BOX 4187) 909-7641		
	termir ated		G Gross receipts \$	791,252.			
	□Amen	ded CEAMMIE WA 00104		H(a) Is this a group re			
\vdash	_return ∏Applio			for subordinates			
	tion pendi	SAME AS C ABOVE					
_				H(b) Are all subordinates in			
		empt status:501(c)(3)X501(c) (4) ◀(insert no.) 4947(a)(1) o	or 527	1 '	list. (see instructions)		
		te: > WWW.GUNRESPONSIBILITY.ORG		H(c) Group exemption	·		
		forganization: X Corporation Trust Association Other	L Year	of formation: 2014 N	1 State of legal domicile: WA		
Pa	ırt I	Summary					
ė	1	Briefly describe the organization's mission or most significant activities: ${\color{red} {\bf TO}}$ ${\color{blue} {\bf AI}}$ REDUCE GUN VIOLENCE.	DVOCAT	E FOR SOLUT	ONS THAT		
Activities & Governance	2	Check this box if the organization discontinued its operations or dispose	sed of more	than 25% of its net ass	ets		
Je.	3			3	7		
é	4				7		
જ	-	Number of independent voting members of the governing body (Part VI, line 1b)			18		
<u>ie</u> s	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)					
ĭ	6	Total number of volunteers (estimate if necessary)			50		
₹		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
	b	Net unrelated business taxable income from Form 990-T, line 38		7b	2,180.		
				Prior Year	Current Year		
Φ	8	Contributions and grants (Part VIII, line 1h)		1,091,594.	738,440.		
Ž	9	Program service revenue (Part VIII, line 2g)		0.	0.		
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.		
ĕ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-71,961.	-10,349.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,019,633.	728,091.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	14			0.	0.		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), line 4)		387,237.	249,862.		
Expenses	I			241,755.	106,337.		
ens	I .	Professional fundraising fees (Part IX, column (A), line 11e)		241,733.	100,337.		
×	ı	Total fundraising expenses (Part IX, column (D), line 25) 202,63		426 200	4E0 0E6		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		426,280.	459,056.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,055,272.	815,255.		
	19	Revenue less expenses. Subtract line 18 from line 12		-35,639.	-87,164.		
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year		
sets	20	Total assets (Part X, line 16)		170,991.	97,900.		
AS	21	Total liabilities (Part X, line 26)		29,977.	44,145.		
E.E.	22	Net assets or fund balances. Subtract line 21 from line 20		141,014.	53,755.		
	ırt II	Signature Block					
Und	er pena	alties of perjury, I declare that I have examined this return, including accompanying schedules	and stateme	ents, and to the best of my	knowledge and belief, it is		
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wh					
Sign	1	Signature of officer		Date			
Her		RENEE HOPKINS, CEO					
Hei	-	Type or print name and title					
			Tr	Date Check	PTIN		
		Print/Type preparer's name Preparer's signature		if L	 		
Paid		MATTHEW R. MATSON MATTHEW R. MATSO	אדר	9/09/19 self-employ			
Prep		Firm's name PETERSON SULLIVAN LLP, CPA'S		Firm's EIN ▶	91-0605875		
Use Only Firm's address 601 UNION ST, STE 2300							
		SEATTLE, WA 98101-2345		Phone no. (2	<u>06) 382-7777</u>		
May	the I	RS discuss this return with the preparer shown above? (see instructions)			X Yes No		

Pa	Charlett School of Program Service	•		
1	Briefly describe the organization's mission:	nse or note to any line in this Part III	<u></u>	
	TO ADVOCATE FOR SOLUTION	ONS THAT REDUCE GUN VI	OLENCE.	
_	Did the experientian undertake only cignifican	at areas as siene during the year which w	vers not listed on the	
2	Did the organization undertake any significant prior Form 990 or 990-EZ?	nt program services during the year which w		Yes X No
	If "Yes," describe these new services on Sch			1es [11] NO
3	Did the organization cease conducting, or m		any program services?	Yes X No
	If "Yes," describe these changes on Schedu			
4	Describe the organization's program service	accomplishments for each of its three large	st program services, as measured by	expenses.
	Section 501(c)(3) and 501(c)(4) organizations	· · · · · · · · · · · · · · · · · · ·	and allocations to others, the total e	xpenses, and
	revenue, if any, for each program service rep			
4a	(Code:) (Expenses \$46 THE ALLIANCE FOR GUN R	9,862. including grants of \$) (Revenue \$	POT.TCV
	MAKERS ON THE IMPORTANCE			
	SIX DISTINCT LEGISLATI			
	PARTNERING WITH LIKEMI	NDED GROUPS TO ADVOCAT	E FOR POLICIES RELA	ATED TO
	SUICIDE, FIREARMS, AND	OTHER PUBLIC HEALTH I	SSUES. OUR WORK IN	2018
	INCLUDED AN ACCOUNTABLE			1
	PARTNERS AND CONSULTAN	IS TO ADVOCATE THIS PRO	OGRAM AREA.	
	-			
4b	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
			, , , , , , , , , , , , , , , , , , ,	,
				_
4c	(Code:) (Expenses \$	including grants of \$) (Revenue \$)
	_			
	Other programmer (programmer)	1- 0)		
4d	Other program services (Describe in Schedu	,	(Revenue ¢	١
4e	(Expenses \$ incl Total program service expenses ▶	uding grants of \$) 469,862.	Revenue \$)
-10	. Star program convice expenses			Form 990 (2018)

Part IV | 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		_X_
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		_X_
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		_X_
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		_X_
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		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		_X_
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		_X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		_X_
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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		<u>X</u>
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		_X_
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		_ <u>X</u> _
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		_ <u>X</u> _
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_X_
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		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		v	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
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			
		446		х
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	14b		
13		15		Х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	13		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
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	17	Х	
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	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	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

		<u> 12998</u>	Р	age 4
Pai	T IV Checklist of Required Schedules (continued)		T.,	Ι
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
~~	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
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		X
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?			
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	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	<u>25a</u>		X
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	0515		x
06	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If</i> "Yes."			
	complete Schedule L. Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
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, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			3,7
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			 ₩
22	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
34	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		122
J-T	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			Х
	If "Yes" to line 35a, 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," 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			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
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	Х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		ᄓ
] 1		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	0		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
_	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		1	

832004 12-31-18

(gambling) winnings to prize winners?

1c X Form 990 (2018)

Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 18 filed for the calendar year ending with or within the year covered by this return Х 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) Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 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? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts Х were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). Х 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 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 required X to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 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. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Form 990 (2018)

If "Yes," complete Form 4720, Schedule O.

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. X 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			
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	7						
	If there are material differences in voting rights among members of the governing body, or if the governing								
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.								
b	Enter the number of voting members included in line 1a, above, who are independent	1b	7						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with a	any other						
	officer, director, trustee, or key employee?			2		_X_			
3	Did the organization delegate control over management duties customarily performed by or under th	e direct	supervision						
	of officers, directors, or trustees, or key employees to a management company or other person?			3		_X_			
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 was	s filed?	4		<u>X</u>			
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5		<u>X</u>			
6	6 Did the organization have members or stockholders?								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or approximately appr	opoint o	one or						
	more members of the governing body?			7a		_X_			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockhol	ders, or						
	persons other than the governing body?			7b		<u>X</u>			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	•						
а	The governing body?			8a	X				
	Each committee with authority to act on behalf of the governing body?			8b	Х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real								
<u>C</u>	organization's mailing address? If "Yes." provide the names and addresses in Schedule O			9		X			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code.)						
40	District the second of the sec			40	Yes	No_			
	Did the organization have local chapters, branches, or affiliates?			10a		_X_			
р	If "Yes," did the organization have written policies and procedures governing the activities of such change have to appropriately an appropriate and procedures governing the activities of such changes and procedures governing the activities of such changes are appropriately as a supplied to the companies of the	•	•	406					
44.	•		o filing the form?	10b	Х				
	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y belor	e illing the form?	11a	Λ				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	х				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise		liete?	12b	X				
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If			120					
ŭ	in Schedule O how this was done	,		12c	х				
13	Did the organization have a written whistleblower policy?			13	X				
14	Did the organization have a written document retention and destruction policy?			14	Х				
15	Did the process for determining compensation of the following persons include a review and approva								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	- jk	.,						
а	The organization's CEO, Executive Director, or top management official			15a	х				
	Other officers or key employees of the organization			15b	Х				
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment wi	ith a						
	taxable entity during the year?			16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization	's						
	exempt status with respect to such arrangements?			16b					
Sec	tion 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	nd 990-	T (Section 501(c)(3)s	only) a	availab	le			
	for public inspection. Indicate how you made these available. Check all that apply.								
Own website X Another's website X Upon request Other (explain in Schedule O)									
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co	nflict of	interest policy, and	financ	ial				
	statements available to the public during the tax year.		_						
20	State the name, address, and telephone number of the person who possesses the organization's bounded by the person who possesses the organization by the person	oks and	records						
	105 S MATN ST STE 332 SEATTLE WA 98104								

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organiz (A)	(B)	(C)					(D)	(E)	(F)	
Name and Title	Average	age Position (do not check more than one				Reportable	Reportable	Estimated		
Name and Title	hours per				than c		compensation	compensation	amount of	
	week	offi	cer an	id a d	irecto	r/trust	tee)	from	from related	other
	(list any	ctor						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC)	from the
	related	stee o	rustee			ensat		(W-2/1099-MISC)		organization
	organizations	al trus	onal t		loyee	comp				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) LEESA MANNION	1.00	=	Ë	-0¢	-S	e H	Fo			
PRESIDENT	1.00	X		х				0.	0.	0.
(2) ZACK SILK	1.00			_				0.	0.	0.
BOARD MEMBER	1.00	X						0.	0.	0.
(3) JAIME SMITH	1.00	^						0.	0.	0.
BOARD MEMBER	1.00	X						0.	0.	0.
(4) SALLY CLARK	1.00								0.	<u> </u>
BOARD MEMBER	1.00	х						0.	0.	0.
(5) STEVE KESSEL	1.00							•		, ·
BOARD MEMBER	2,00	х						0.	0.	0.
(6) CALEB WEAVER	1.00							•		•
BOARD MEMBER		х						0.	0.	0.
(7) SCOTT WANG	1.00	<u> </u>							•	•
BOARD MEMBER		Х						0.	0.	0.
(8) RENEE HOPKINS	35.00								<u> </u>	
CEO	20.00			х				59,365.	51,218.	10,178.
										,
		$oxed{oxed}$								
		<u> </u>								
		oxdapsilon								
		1								

	990 (2018) ALLIANCE									47-2	5129	998	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus		oloy	ees,			ghes	t C		,			(F)	
	(A) Name and title	(B) Average hours per week	box	not c , unle:	ss per	ition more rson i	than of the state	n an	(D) Reportable compensation from	(E) Reportable compensation from related	on	Estir n amo		
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organization (W-2/1099-MI\$			om the anizati I relate	e ion ed
	Sub-total								59,365.	51,2	18. 0.	10),1	
	Total from continuation sheets to Part VII Total (add lines 1b and 1c)							>	59,365.	51,2		1(),1	<u>0.</u> 78.
2	Total number of individuals (including but no							o re	eceived more than \$100,	000 of reportable	 e			
	compensation from the organization												Yes	0 No
3	Did the organization list any former officer,	•			•	•	•		•				163	
4	line 1a? If "Yes," complete Schedule J for so For any individual listed on line 1a, is the su											3		X
_	and related organizations greater than \$150											4		Х
5	Did any person listed on line 1a receive or a rendered to the organization? <i>If</i> "Yes." com											5		Х
	tion B. Independent Contractors													
1	Complete this table for your five highest control the organization. Report compensation for t	•	•								oensat	ion fro	m	
	(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices	С	(C omper		n
2	Total number of independent contractors (ir \$100,000 of compensation from the organize	•	ot lin	nited	d to t	thos	_	ted	above) who received mo	ore than				
						•						Form \$	990 (2	2018)

832008 12-31-18

Form 990 (2018) ALLIANC
Part VIII Statement of Revenue

		Check if Schedule O contains a respo	nse or note to any line	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
တ္ တ	1 a	Federated campaigns 1a	ı				012 011
ant							
ନ୍ଧ		Fundraising events 1c	00000				
ifts		Related organizations 1d					
nila nila		Government grants (contributions)					
Sir		All other contributions, gifts, grants, and					
bet.	•	similar amounts not included above	449,160.				
ğ	а	Noncash contributions included in lines 1a-1f: \$	-				
Contributions, Gifts, Grants and Other Similar Amounts		Total. Add lines 1a-1f		738,440.			
<u> </u>			Business Code	,			
ø	2 a						
, vic	b						
Program Service Revenue	С						
an Sve	d						
Be	е						
Pre	f	All other program service revenue					
	g	-					
	3	Investment income (including dividends, in					
		other similar amounts)	>				
	4	Income from investment of tax-exempt bo					
	5	Royalties	>				
		(i) Real					
	6 a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)	>				
	7 a	Gross amount from sales of (i) Securit	ies (ii) Other				
		assets other than inventory					
	b	Less: cost or other basis					
		and sales expenses					
	С	Gain or (loss)					
		Net gain or (loss)					
ane		Gross income from fundraising events (no including \$ 289 , 280 of					
Other Reven		contributions reported on line 1c). See					
Ä,		Part IV, line 18	a 50,000.				
Ę.	b	Less: direct expenses					
Ŏ		Net income or (loss) from fundraising ever		-13,161.			-13,161.
		Gross income from gaming activities. See					
		Part IV, line 19					
	b	Less: direct expenses					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances	a				
	b	Less: cost of goods sold					
		Net income or (loss) from sales of inventor					
ļ		Miscellaneous Revenue	Business Code				
ļ	11 a	CASH REWARDS	900099	2,812.			2,812.
	b						
	С						
	d	All other revenue					
		Total. Add lines 11a-11d		2,812.			
	12	Total revenue. See instructions		728,091.	0.	0 .	-10,349.

	-
Section 50	1(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).
	Check if Cahadula O cantains a vannance av note to any line in this Day! IV

_	·	(A)	nis Part IX(B)	(C)	(D)
	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	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				
5	Compensation of current officers, directors,				
•	trustees, and key employees	64,351.	48,907.	11,583.	3,861
6	Compensation not included above, to disqualified	,			- 7 - 7 -
•	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	141,723.	107,709.	25,510.	8,504
8	Pension plan accruals and contributions (include				0,00
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	23,682.	17,998.	4.263.	1.421
10	Payroll taxes	20,106.	15,281.	4,263. 3,619.	1,421 1,206
1	Fees for services (non-employees):	20,200	23,2321	3,0231	
	Management				
	Legal	6,678.	6,142.	536.	
	Accounting	27,377.	0,2121	21,341.	6,036
d	Lobbying	22,413.	22,413.	22,0120	0,000
e	Professional fundraising services. See Part IV, line 17	106,337.	22,1231		106,337
f	Investment management fees	20070070			
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch 0.)	102,113.	36,901.	15,840.	49,372
12	Advertising and promotion	102/1131	30,301.	13,0101	15 / 5 / 2
13	Office expenses	39,781.	2,099.	37,617.	65
13 14	Information technology	38,818.	8,194.	6,013.	24,611
1 4 15		30,010.	0,154.	0,013.	24,011
15 16	Royalties	16,816.	12,780.	3,027.	1,009
		1,383.	1,174.	3,027.	209
17 18	Travel Payments of travel or entertainment expenses	1,303.	1,174		200
0	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	,, , <u> </u>				
.u 21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23		2,011.	106.	1,902.	3
.s :4	Other expenses. Itemize expenses not covered	2/0111	1001	1/3021	
.4	above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
а	amount, list line 24e expenses on Schedule 0.) BAD DEBT EXPENSE	101,681.	90,319.	11,362.	
a b	PROGRAM IMPLEMENTATION	99,985.	99,839.	146.	
	THOUSE THE DEFENTATION	77,703.	,,,,,,,,		
c d					
	All other expenses				
	All other expenses Total functional expenses. Add lines 1 through 24e	815,255.	469,862.	142,759.	202,634
2 <u>5</u>	Joint costs. Complete this line only if the organization	010,200	400,002.	140,1370	202,034
26	, , ,				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.	1	ı	l l	

Pai	rt X	Balance Sheet				
		Check if Schedule O contains a response or not	te to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		119,814.	1	651
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		32,776.	3	92,996
	4	Accounts receivable, net		15,553.	4	1,405
	5	Loans and other receivables from current and fo				
		trustees, key employees, and highest compensation	ated employees. Complete			
					5	
	6	Loans and other receivables from other disquali				
		section 4958(f)(1)), persons described in section	. ,			
		employers and sponsoring organizations of sect				
ß		employees' beneficiary organizations (see instr).			6	
Assets	7	Notes and loans receivable, net		7		
AS	8	Inventories for sale or use			8	
	9			9		
		Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	ь	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line		12		
	13	Investments - program-related. See Part IV, line			13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		2,848.	15	2,848
	16	Total assets. Add lines 1 through 15 (must equ		170,991.	16	97,900
	17	Accounts payable and accrued expenses		29,977.	17	44,145
	18	Grants payable	-	18	-	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete	ı		21	
'n	22	Loans and other payables to current and former				
Ē		key employees, highest compensated employee				
Liabilities					22	
Ĕ	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines	s 17-24). Complete Part X of			
		0.1.1.5			25	
	26	Total liabilities. Add lines 17 through 25		29,977.	26	44,145
		Organizations that follow SFAS 117 (ASC 958	8), check here ▶ X and			
ņ		complete lines 27 through 29, and lines 33 an				
ဥ	27	Unrestricted net assets		141,014.	27	53,755
<u>a</u>	28	Temporarily restricted net assets			28	
20	29	Permanently restricted net assets			29	
Ş		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 🗌			
<u>-</u>		and complete lines 30 through 34.				
ŝ	30	Capital stock or trust principal, or current funds	[30	
SSE	31	Paid-in or capital surplus, or land, building, or ed			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			32	
ž	33	Total net assets or fund balances		141,014.	33	53,755
	34	Total liabilities and net assets/fund balances .		170,991.	34	97,900

Par	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 2 from line 1 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities Investment expenses Prior period adjustments Other changes in net assets or fund balances (explain in Schedule O)	1 2 3 4 5 6 7 8 9	81 -8	8,0 5,2 7,1 1,0	55. 64.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		_	· -		
Dor	t VIII Financial Statements and Departing	10	5.	3,7	<u>55.</u>	
Pai	t XIII 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 X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule of the organization's financial statements compiled or reviewed by an independent accountant?		2a	100	X	
	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled 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? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Both consolidated and separate basis					
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.					
	3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?					
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ed audit	3b Form	990	(2018)	

832012 12-31-18

Schedule B

(Form 990, 990-EZ, or 990-PF)

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

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

2018

Name of the organization

ALLIANCE FOR GUN RESPONSIBILITY

Employer identification number

47-2512998

Organization type (check one): Filers of: Section: X 501(c)(4) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ > \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

ALLIANCE FOR GUN RESPONSIBILITY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.								
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
1		\$15,000.	Person X Payroll						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
2		\$5,000.	Person X Payroll						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
3		\$\$	Person X Payroll						
(a)	(b)	(c)	(d)						
No. 4	Name, address, and ZIP + 4	Total contributions \$ 5,000.	Person X Payroll						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
5		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
6		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)						

ALLIANCE FOR GUN RESPONSIBILITY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	Name, address, and ZIP + 4	\$ 6,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11_		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

ALLIANCE FOR GUN RESPONSIBILITY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13_		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14_		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	Name, audiess, and Zir + 4	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18		\$5,000.	Person X Payroll

Name of organization

Employer identification number

ALLIANCE FOR GUN RESPONSIBILITY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20_		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21_		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23_		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

ALLIANCE FOR GUN RESPONSIBILITY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	Name, address, and ZiP + 4	\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

ALLIANCE FOR GUN RESPONSIBILITY

Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<u> </u>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization **Employer identification number** ALLIANCE FOR GUN RESPONSIBILITY 47-2512998 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

ALLIANC	E FOR GUN RESPONSI	BILI	ΤY		47-2512	998			
Part I 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.									
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a									
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization				
NEWMAN PARTNERS GROUP - 712		Yes	No						
STH AVE, SEATTLE, WA 98112	FUNDRAISING		X	533,634.	42,200.	491,434.			
ANNE LEWIS STRATEGIES LLC - PO BOX 3243 , OMAHA, NE	FUNDRAISING		Х	255,712.	64,137.	191,575.			
Гotal			•	789,346.	106,337.	683,009.			
3 List all states in which the organization or licensing.	n is registered or licensed to solicit o	ontribu	utions	or has been notified	it is exempt from req	gistration			
AK,AL,AR,CA,CO,CT,DC,			Α,Μ	ID,ME,MI,MO	,MS,NC,ND,	NH,NJ,NM			
NV,NY,OH,OK,OR,PA,RI,	SC,TN,UT,VA,WA,WI,V	<u>w</u>							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2018

Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and groups.	-			
		or fundraising event contributions and gr	(a) Event #1 ANNUAL LUNCHEON	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
ne			(event type)	(event type)	(total number)	551. (6))
Revenue	1	Gross receipts	339,280.			339,280.
	2	Less: Contributions	289,280.			289,280.
	3	Gross income (line 1 minus line 2)	50,000.			50,000.
	4	Cash prizes				
S	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs	52,308.			52,308.
rect E	7	Food and beverages				
Ö	8	Entertainment	5,790.			5,790.
	9	Other direct expenses				5,790. 5,063.
	10	,			>	63,161.
Da	11 rt I	Net income summary. Subtract line 10 from li		000 Bat IV Bas 10		-13,161.
Га	11 L I	Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$10,000 SH1 SHI 000 L2, III0 00.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
eve!						
	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct F	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
0	End	ter the state(s) in which the organization condu	icts gaming activities:			
		he organization licensed to conduct gaming a	_	states?		Yes No
		No," explain:				
10a	We	ere any of the organization's gaming licenses re	evoked suspended orte	rminated during the tax	vear?	Yes No
		Yes," explain:			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

832082 10-03-18

Schedule G (Form 990 or 990-EZ) 2018

Schedule G	G (Form 990 or 990-EZ) 2018 ALLIANCE FOR GUN RESPONSIBILITY 4	<u>7-2512998</u>	Page 3
11 Does	the organization conduct gaming activities with nonmembers?	Yes	No
	organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	ninister charitable gaming?	Yes	No
	te the percentage of gaming activity conducted in:		
		ا ءمد ا	0/
	rganization's facility		<u>%</u>
	tside facility	13b	<u>%</u>
14 Enter	the name and address of the person who prepares the organization's gaming/special events books and records:		
Name	>		
Addre	ss >		
15a Does	the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b If "Yes	s," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount	t	
	ning revenue retained by the third party > \$		
	s," enter name and address of the third party:		
Name	>		
Addre			
16 Gamir	ng manager information:		
Name	>		
Gamir	ng manager compensation \$		
Danawi	testion of continuo manifolds.		
Descr	iption of services provided		
	Director/officer Employee Independent contractor		
17 Manda	atory distributions:		
	organization required under state law to make charitable distributions from the gaming proceeds to		
		Yes	☐ No
	the state gaming license?		140
	the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ie	
	ization's own exempt activities during the tax year \$\sum_{\text{Supplemental Information}}\$		
Part IV	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an	d Part III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
~~		~	
SCHEDU	JLE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAIS:	ERS:	
(I) NA	AME OF FUNDRAISER: ANNE LEWIS STRATEGIES LLC		
(1) 112	and of fondational final bilations and		
(I) AI	DDRESS OF FUNDRAISER: PO BOX 3243 , OMAHA, NE 68103		
-			

Schedule G	G (Form 990 or 990-EZ)	ALLIANCE E	FOR GUN	RESPONSIBILITY	47-2512998	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Inform	mation (continued))			
		(continued)	/			
			<u></u>			

SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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 Open to Public

Inspection

Name of the organization

Employer identification number

ALLIANCE FOR GUN RESPONSIBILITY 47-2512998 FORM 990, PART VI, SECTION B, LINE 11B: THE FORM 990 IS REVIEWED BY THE EXECUTIVE DIRECTOR AND DISTRIBUTED ELECTRONICALLY TO EACH BOARD MEMBER FOR COMMENTS PRIOR TO SUBMISSION. FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS ARE ASKED TO UPDATE THEIR CONFLICT OF INTEREST DISCLOSURES ANNUALLY. FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION FOR THE EXECUTIVE DIRECTOR IS SET BY AN INDEPENDENT COMMITTEE OF THE BOARD AND IS BAED ON JOB DUTIES AS WELL AS COMPARABLE SALARIES OF OTHER ORGANIZATIONS. THE EXECUTIVE DIRECTOR USES COMPARABILITY DATA WHEN DETERMINING KEY EMPLOYEE COMPENSATION. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: OUTSIDE CONSULTANTS: PROGRAM SERVICE EXPENSES 36,901. MANAGEMENT AND GENERAL EXPENSES 15,840. FUNDRAISING EXPENSES 49,372. TOTAL EXPENSES 102,113.

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

Schedule O (Form 990 or 990-EZ) (2018)

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

• Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

ALLIANCE FOR GUN RESPONSIBILITY Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

47-2512998

(a)	(b)	(c)	(d)	(e	·)		(f)	
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state of	or Total inco	ome End-of-yea	ar assets	1	controlling	
of disregarded entity		foreign country)				er	ntity	
	-							
	1							
	4							
	-							
	+							
	†							
	1							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	itions. Complete if the organization a	answered "Yes" on Form 990	0, Part IV, line 34, I	pecause it had on	e or more	related tax-exer	mpt	
(a)	(b)	(c)	(d)	(e)		(f)	(g) 512(b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Dire	ct controlling		512(b)(13) rolled
of related organization		foreign country)	section	status (if section	۱	entity		ity?
				501(c)(3))			Yes	No
	4							
ALLIANCE FOR GUN RESPONSIBILITY FOUNDATION -			F01/G)/2)					37
46-4601368, PO BOX 4187, SEATTLE, WA 98194 ALLIANCE FOR GUN RESPONSIBILITY VICTORY FUND	RESEARCH	WASHINGTON	501(C)(3)	LINE 7	N/A			Х
- 47-1304996, PO BOX 4187, SEATTLE, WA	+							
98194	PAC	WASHINGTON	527		N/A			х
					1,			
	1							
	1							
	1	1	ı	1	1			ì

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2018

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

		,	ı	•							
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	1	ortionate	Code V-UBI	General	Percentage ownership
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets		allocations?	amount in box 20 of Schedule K-1 (Form 1065)	partner	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
	1										
	1										
	1										
	1										
	1										
	1										
	1										
		l .					l				

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec.	i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		(i) ction (b)(13) rolled tity?
		Couriery)						Yes	No
								Ь	<u> </u>
								↓	<u> </u>

Schedule R (Form 990) 2018

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1	During the tax year, did the organization engage in any of the following transactions with one of	or more rela	ated organizations listed i	n Parts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity					1a	X			
b	Gift, grant, or capital contribution to related organization(s)					1b		Х		
С	Gift, grant, or capital contribution from related organization(s)					1c		X		
	Loans or loan guarantees to or for related organization(s)					1d		Х		
е	Loans or loan guarantees by related organization(s)					1e		Х		
f	Dividends from related organization(s)					1f		X		
	Sale of assets to related organization(s)					1g		Х		
	Purchase of assets from related organization(s)					1h		X		
i	Exchange of assets with related organization(s)					1i		X		
j	Lease of facilities, equipment, or other assets to related organization(s)					1j		X		
k	Lease of facilities, equipment, or other assets from related organization(s)					1k		X		
	Performance of services or membership or fundraising solicitations for related organization(s)					11		Х		
	n Performance of services or membership or fundraising solicitations by related organization(s)					1m		X		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
	Sharing of paid employees with related organization(s)					10	X			
р	Reimbursement paid to related organization(s) for expenses					1p		X		
	Reimbursement paid by related organization(s) for expenses					1q	Х			
r	Other transfer of cash or property to related organization(s)					1r		X		
s	Other transfer of cash or property from related organization(s)					1s		X		
2	If the answer to any of the above is "Yes," see the instructions for information on who must co	omplete this	line, including covered r	elationships and t	ransaction thresholds.					
	(a) (b) Name of related organization Transa type (action	(c) Amount involved	Met	(d) hod of determining amount inv	olved				
1) 2	ALLIANCE FOR GUN RESPONSIBILITY FOUNDATION O		308,013.	FMV						
2) 2	ALLIANCE FOR GUN RESPONSIBILITY FOUNDATION Q		130,696.	FMV						
3)										
4)										
5)										
		l		I						

Page 4

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) r Percentage ownership
	-									

Form 990-T	E	Exempt Organ	nization Bus	ine	ss Income	Tax Return	า 📙	OMB No. 1545-0687
			nd proxy tax unde					00.40
	For ca	lendar year 2018 or other tax yea	r beginning		, and ending			2018
Department of the Treasury Internal Revenue Service	•	► Go to www - Do not enter SSN numbe	irs.gov/Form990T for in: rs on this form as it may				. 5	Open to Public Inspection for 501(c)(3) Organizations Only
A X Check box if address changed		Name of organization (Check box if name cl	hanged	and see instructions.)	(Emplo	yer identification number byees' trust, see ctions.)
B Exempt under section	Print	ALLIANCE FO	R GUN RESPO	NSIE	BILITY		4	7-2512998
X 501(c)(4)	or	Number, street, and room	or suite no. If a P.O. box	k, see in	structions.		E Unrela	ted business activity code
408(e) 220(e)	Туре	PO BOX 4187						ou donoi.io.iy
408A 530(a) 529(a)		City or town, state or pro		r foreigi	n postal code		9000	099
C Book value of all assets at end of year		F Group exemption numb						
97,9	00.	G Check organization typ	e X 501(c) corp	oration	501(c) tru	st 401(a) trust	Other trust
H Enter the number of the	organiza	ition's unrelated trades or b	usinesses.	1	Descr	ibe the only (or first) u	nrelated	
trade or business here	► DIS	SALLOWED FRI	NGE BENEFITS	S	If only o	one, complete Parts I-V.	. If more	than one,
describe the first in the b	lank spa	ace at the end of the previou	us sentence, complete Pa	rts I an	d II, complete a Sche	dule M for each additior	nal trade	or
business, then complete	Parts III	-V.						
I During the tax year, was				ıt-subsi	diary controlled group	?▶	Yes	s X No
		tifying number of the paren	t corporation.					
J The books are in care of						ephone number 🕨 2		
		de or Business Inc	ome		(A) Income	(B) Expense	S	(C) Net
1a Gross receipts or sale								
b Less returns and allow		: -7)	c Balance ►	1c				
		A, line 7)		3				
3 Gross profit. Subtract		***************************************		4a				
		ch Schedule D) Part II, line 17) (attach Form		4a 4b				
		sts		4c				
		ship or an S corporation (at		5				
6 Rent income (Schedu		sinp of an o corporation (a)		6				
,	, ,	me (Schedule E)		7				
		and rents from a controlled of		8				
· · · · · · · · · · · · · · · · · · ·		on 501(c)(7), (9), or (17) or	-	9				
		ome (Schedule I)		10				
		e J)		11				
		ns; attach schedule)		12				
13 Total. Combine lines	3 throu	gh 12		13).		
Part II Deductio	ns No	ot Taken Elsewher utions, deductions must	e (See instructions fo	r limita				
14 Compensation of off	icers, di	rectors, and trustees (Sche	dule K)				14	
							15	
							16	
							17	
		ee instructions)					18	
19 Taxes and licenses							19	
		e instructions for limitation					20	
		562)						
		n Schedule A and elsewher					22b	
							23	
		mpensation plans					24	
		obodulo I)					25	
26 Excess exempt expe	11585 (SC	chedule I)					26	
		hedule J)					27	
		nedule)					28	0.
		14 through 28ncome before net operating					30	0.
		loss arising in tax years be					31	.
·	_	ncoma Subtract lina 21 fro	-	iy i, 20	10 (300 111311 40110113)		32	0.

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

Page 2

Part I	II T	Total Unrelated Business Taxa	ble Income							
33	Total	of unrelated business taxable income compu	ted from all unrelated tra	des or businesses	s (see instructions)		. 33			0.
34		unts paid for disallowed fringes							3,18	80.
35	Dedu	ction for net operating loss arising in tax year	s beginning before Janua	ary 1, 2018 (see ir	nstructions)		35			
36		of unrelated business taxable income before								
		33 and 34					36		3,18	80.
37		ific deduction (Generally \$1,000, but see line							1,00	00.
38		lated business taxable income. Subtract line								
		the energies of some on line OC		Ū	•		38		2,18	80.
Part I	V	Tax Computation						,4		
39	Orgai	nizations Taxable as Corporations. Multiply	line 38 by 21% (0.21)				39		4 !	58.
40		s Taxable at Trust Rates. See instructions fo								
			orm 1041)				4 0			
41	Proxv	tax. See instructions					41			
42	Alterr	native minimum tax (trusts only)								
43	Tax o	n Noncompliant Facility Income. See instru	ctions				43			
44		. Add lines 41, 42, and 43 to line 39 or 40, wh	sighayar applica				44		4 !	58.
Part \		Tax and Payments	.,					•		
45 a	Foreig	gn tax credit (corporations attach Form 1118;	trusts attach Form 1116)	45a					
		credits (see instructions)								
С	Gene	ral business credit. Attach Form 3800	•••••		45c					
d	Credi	t for prior year minimum tax (attach Form 88	01 or 8827)		45d					
		credits. Add lines 45a through 45d					45e			
46	Subtr	act line 45e from line 44					46		4 !	58.
47	Other	taxes. Check if from: Form 4255	Form 8611 Form	8697 Forn	n 8866 Other	(attach schedule) 47			
48		tax. Add lines 46 and 47 (see instructions) .							4 !	58.
49		net 965 tax liability paid from Form 965-A or								0.
		nents: A 2017 overpayment credited to 2018			1 1					
		estimated tax payments								
		eposited with Form 8868								
		gn organizations: Tax paid or withheld at sour								
		up withholding (see instructions)								
		t for small employer health insurance premiu								
		credits, adjustments, and payments:								
			Other		▶ 50g					
51	Total	payments. Add lines 50a through 50g					51			
52	Estim	nated tax penalty (see instructions). Check if F	orm 2220 is attached	-			52			
53		lue. If line 51 is less than the total of lines 48,			PATEMENT 3		53		4 !	58.
54	Over	payment. If line 51 is larger than the total of I	ines 48, 49, and 52, ente	r amount overpaid	d	>	54			
55		the amount of line 54 you want: Credited to				funded	5 5			
Part \	/ 5	Statements Regarding Certain	Activities and Of	ther Informa	ation (see instru	ctions)				
56	At an	y time during the 2018 calendar year, did the	organization have an inte	erest in or a signa	ture or other authori	ty			Yes	No
	over	a financial account (bank, securities, or other)	in a foreign country? If	"Yes," the organiza	ation may have to fil	е				
	FinCE	N Form 114, Report of Foreign Bank and Fina	ancial Accounts. If "Yes,"	enter the name of	the foreign country					
	here	>								X
57	Durin	g the tax year, did the organization receive a	distribution from, or was	it the grantor of,	or transferor to, a fo	reign trust?				X
	If "Ye	s," see instructions for other forms the organi	zation may have to file.							
58	Enter	the amount of tax-exempt interest received o	r accrued during the tax	year ▶\$						
0:-		nder penalties of perjury, I declare that I have examined rrect, and complete. Declaration of preparer (other tha					vledge and	belief, it is tru	е,	
Sign					parer has any miemeag		May the IF	RS discuss this	s return w	/ith
Here		_		CEO Title			•	er shown belo		_
		Signature of officer	Date	Title			instruction	ns)? X Y	es	No
		Print/Type preparer's name	Preparer's signature		Date	Check	if PT	IN		
Paid						self- employe				
Prepa	arer	MATTHEW R. MATSON	MATTHEW R.		09/09/19	1		00775		
Use (Firm's name ► PETERSON SUI		CPA'S		Firm's EIN	▶ 9	1-060	587	5
	-		ST, STE 230							
		Firm's address ► SEATTLE, W	A 98101-234	١b		Phone no.	(206) 382	-77	TT

823711 01-09-19

Schedule A - Cost of Goods	s Sold. Enter	method of inver	ntory v	aluation ► N/A				
1 Inventory at beginning of year				Inventory at end of yea			6	
2 Purchases				Cost of goods sold. Su				
3 Cost of labor				from line 5. Enter here				
4a Additional section 263A costs				line 2			7	
(attach schedule)	4a		8	Do the rules of section	263A (with respect to	Yes	No
b Other costs (attach schedule)				property produced or a	cquirec	for resale) apply to		
5 Total. Add lines 1 through 4b	5			the organization?				
Schedule C - Rent Income (see instructions)	(From Real	Property and	l Per	sonal Property L	ease	d With Real Prope	rty)	
Description of property								
(1)								
(1)								
<u>(2)</u> <u>(3)</u>								
(4)								
(4)	2. Rent receiv	ed or accrued						
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	(b) From real of rent for	personal	onal property (if the percentage property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly cocolumns 2(a) and	onnected with the income in 2(b) (attach schedule)	
(1)	<u>'</u>	there	III IS Das	ed on profit or income)				
(2)								
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	2(a) and 2(b). En	ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	_	0.
Schedule E - Unrelated Dek		Income (see	instru	ctions)		(-,		
		·	2	. Gross income from		3. Deductions directly conne to debt-finance		
1. Description of debt-fit	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)								
<u>(1)</u> <u>(2)</u>								
(3)								
(4)								
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	4. Amount of average acquisition debt on or allocable to debt-financed 5. Average ac of or allo		6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of column 3(a) and 3(b))	
(1)	(0/				
<u>(1)</u> <u>(2)</u>				% %				
(3)								
(4)	<u> </u>			%	_	Takan hana and av	Fatau haus and an a	
						Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 7 Part I, line 7, column (B)	
Totals						0.		0.
Total dividends-received deductions in								Ť

Schedule F - Interest, A	Annuities,	Royaltie						tions	(see ins	struction	ns)
			E	xempt C	Controlled O	rganizatio	ons				
Name of controlled organizat	ion	2. Employ identification number	on	3. Net unre (loss) (see	elated income instructions)	4. Tot payr	al of specified nents made	includ	t of column 4 t ed in the contr ation's gross i	olling	6. Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organi	zations										
7. Taxable Income		elated income (li instructions)	oss)	9. Total o	of specified payr made	in the contr		olumn 9 that is included olling organization's oss income		11. De wit	eductions directly connected th income in column 10
(1)											
(2)											
(3)											
(4)											
			·				Add colur Enter here and line 8, o		1, Part I, \).		odd columns 6 and 11. here and on page 1, Part I, line 8, column (B).
Totals		·····				>			0.		0.
Schedule G - Investme		e of a Se	ction 50)1(c)(7), (9), or ([·]	17) Org	ganization				
(see insti	ructions)										
1. Desc	ription of income	•			2. Amount of	income	Deductiondirectly connect		4. Set-	asides chedule)	Total deductions and set-asides
(4)							(attach sched	lule)	(attacti s	criedule)	(col. 3 plus col. 4)
(1)											
(2) (3)											
(4)											
(4)					Enter here and	on nage 1					Enter here and on page 1,
					Part I, line 9, co						Part I, line 9, column (B).
Totala						0.					0.
Schedule I - Exploited	Evemnt A	ctivity In	come	Other	Than Adv		a Income				0.
(see instru	-	ocivity iii	iooiiio,		man Aa		g moonic				
Description of exploited activity	2. Ground and the community of the commu	usiness with production		nected ction ted	4. Net incomfrom unrelated business (cominus columgain, compute through	I trade or Ilumn 2 n 3). If a e cols. 5	5. Gross inco from activity is not unrelat business inco	that attribu		penses able to nn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)											
(1) (2) (3) (4)											
(3)											
(4)											
	Enter here a page 1, Po line 10, co	art I, I. (A).	Enter here a page 1, Pa line 10, col	art I, . (B).							Enter here and on page 1, Part II, line 26.
Totals ► Schedule J - Advertisi	l na Income	0 •	tructions)	0.							0.
Part I Income From				Cons	olidated	Rasis					
Tarti income i fomi	eriodica	is nepon	teu on a	. 00113	ondated	Dasis					
1. Name of periodical	a	2. Gross dvertising income		Direct sing costs	or (loss) (co	ising gain ol. 2 minus ain, comput nrough 7.	5. Circula income		6. Reade cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)			1								
(2)											
(3)											
(1) (2) (3) (4)											
Totals (carry to Part II, line (5))	▶	0.	,	0							0.
											Form 990-T (2018)

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	0.	0.				0.
<u> </u>	, 0,,,					

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		•	0.

FORM 990-T	INTEREST	AND PENALTI	ES		STA	TEMENT 1
TAX FROM FORM 990-T, LATE PAYMENT INTER LATE PAYMENT PENAL	EST					458 12 14
TOTAL AMOUNT DUE						484
FORM 990-T	LATE	PAYMENT INT	'EREST		STA	TEMENT 2
DESCRIPTION	DATE	AMOUNT	BALANCE	RATE	DAYS	INTEREST
TAX DUE INTEREST RATE CHANGE DATE FILED	05/15/19 06/30/19 11/15/19	/19 0. 461.		.0600		3 .
TOTAL LATE PAYMENT IN	TEREST					12.
FORM 990-T	LATE	PAYMENT PENA	LTY		STA	TEMENT 3
DESCRIPTION	DATE	AMOUNT	BALANCE	МО	NTHS	PENALTY
TAX DUE DATE FILED	· · · · · · · · · · · · · · · · · · ·			6	14.	
TOTAL LATE PAYMENT PE	NALTY				-	14.