# EXTENDED TO NOVEMBER 15, 2021

Form **991** 

# 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.

Inspection

Α	For the	2020 calendar year, or tax year beginning and	ending	_		
В	Check if applicable	C Name of organization		D Employer identifi	cation number	
Г	Addres	ALLIANCE FOR GUN RESPONSIBILITY				
	Name change			47-25129	98	
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address)  PO BOX 4187	Room/suite	E Telephone numbe (206)909		
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	1,366,013.	
	Ameno			H(a) Is this a group re		
	Application	F Name and address of principal officer:RENEE HOPKINS		for subordinates		
	pendin	9 SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No	
T	Tax-exe	empt status: $\square$ 501(c)(3) $\square$ 501(c) ( 4 ) $\blacktriangleleft$ (insert no.) $\square$ 4947(a)(1) of	or 527	If "No," attach a	list. See instructions	
		e: ▶ WWW.GUNRESPONSIBILITY.ORG		H(c) Group exemptio	n number 🕨	
K	Form of	organization: X Corporation Trust Association Other	L Year	of formation: 2014 N	N State of legal domicile: WA	
P		Summary				
Governance	1	Briefly describe the organization's mission or most significant activities: ${ t TO \ \ AI}$	DVOCAT	E FOR SOLUT	IONS THAT	
rna	2	Check this box   if the organization discontinued its operations or dispose	sed of more	than 25% of its net as	ssets.	
ove		Number of voting members of the governing body (Part VI, line 1a)			7	
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			7	
Se Se		Total number of individuals employed in calendar year 2020 (Part V, line 2a)			21	
ξ		Total number of volunteers (estimate if necessary)			0	
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			175,581.	
•		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.	
				Prior Year	Current Year	
Φ	8	Contributions and grants (Part VIII, line 1h)		1,357,143.	895,550.	
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	2,000.	
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-54,687.	459,158.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,302,456.	1,356,708.	
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.	
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\cdot }$		401,066.	441,557.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		176,450.	106,302.	
ă	b	Total fundraising expenses (Part IX, column (D), line 25)		000 605	500 100	
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		827,605.	590,123.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,405,121.	1,137,982.	
	19	Revenue less expenses. Subtract line 18 from line 12		-102,665.	218,726.	
Net Assets or			Be	ginning of Current Year	End of Year	
SSE	20	Total assets (Part X, line 16)		68,203.	225,400.	
et A	21	Total liabilities (Part X, line 26)		117,113. -48,910.	55,551.	
	22	Net assets or fund balances. Subtract line 21 from line 20		-40,910.	169,849.	
_	art II	Signature Block			u kwa waladana awal baliaf ikia	
		Ities of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and bellet, it is	
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	nch preparer	lias any knowledge.		
۵.		Signature of officer		I Date		
Sig		RENEE HOPKINS, CEO		Duto		
He	re	Type or print name and title				
			IT	Date Check	X PTIN	
Pai	ď	Print/Type preparer's name  MARTHA A LINDLEY CPA  Preparer's signature		l if		
		Firm's name LINDLEY & ASSOCIATES LLC		self-employ Firm's EIN ▶	91-2050235	
	Only			FIIIII S EIN	71 2030233	
US	, only	Firm's address 1603 116TH AVE NE STE 100 BELLEVUE , WA 98004		Dhono no 12	5-455-4800	
Ma	v the IF	RS discuss this return with the preparer shown above? See instructions		11 110116 110.42	X Yes No	

	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: TO ADVOCATE FOR SOLUTIONS THAT REDUCE GUN VIOLENCE.	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	 No
•	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program services?	7 N.
3	If "Yes," describe these changes on Schedule O.	⊾ No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.	i
4a	THE ALLIANCE FOR GUN RESPONSIBILITY WORKED TO MOBILIZE GRASSROOTS AND DIRECT LOBBYING EFFORTS TO PASS LEGISLATION AT THE STATE AND LOCAL LEVELS. IN 2019 WE PASSED MORE THAN 10 NEW GUN VIOLENCE PREVENTION LA	AWS
	AND SUCCESSFULLY ADVOCATED FOR ALLOCATION OF \$1 MILLION FOR RESEARCHI	:NG
	GON VIOLENCE TREVENTION EFFORTS.	
4b	(Code:) (Expenses \$	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
4d	Other program services (Describe on Schedule O.)	
40	(Expenses \$ including grants of \$ ) (Revenue \$ )  Total program service expenses ▶ 817,353.	
4e	Form 990	(2020

### 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		<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	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		Х
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 donor-restricted endowments			l
	or in 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, 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,			Х
<b>L</b>	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11a		
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
•	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		<u> </u>
Ü	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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	X	
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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		37	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	77
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		<del></del>
.0	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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	X	
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		X
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		X
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		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			X
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		$^{\perp}$

#### Part IV Checklist of Required Schedules (continued)

				T
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		х
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	Х	
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	24a		x
b	Schedule K. If "No," go to line 25a	24a		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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	25a		Х
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			
		25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		<del></del>
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			37
	entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? <i>If</i>			
_	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		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? 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	<u> </u>		
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		x	
25.0	Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
	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			3,7
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	х	
Pai	Note: All Form 990 filers are required to complete Schedule 0  t V Statements Regarding Other IRS Filings and Tax Compliance	_ 30		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	4		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	X	

032004 12-23-20

## Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Inter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, Ited of the teachedary ever ending with or within the year covered by this return  3b If a least one is reported on line 2a, did the organization field all required feeding employment tax neturnar?  Note: If the sum of lines 1a and 2a is granter from 250, you may be required to e-fire geninstructions)  3c If the organization have unrelated business gross income of \$1,000 or more during the year?  3c If Yes, 1 has it field a Form 900T for this year? If YeV 10 line 3b, provide an explanation on Schedule O  3d If Yes, 1 has it field a Form 900T for this year? If YeV 10 line 3b, provide an explanation on Schedule O  4d At any time during the calendary year, did the organization have an interest in, or a dignature or other authority over, a financial account in a foreign country feath and a financial account in a foreign country feath or a problematic as heter transaction, or other financial accounts (FBAP).  See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAP).  See If Yes 1 the sea for 5b, did the organization that If was or is a party to a prohibitot tax shelter transaction?  5c If Yes 1 and the sea for 5b, did the organization that If was or is a party to a prohibitot tax shelter transaction solid any contributions that were not tax deductibles of exhibitation that the prohibitation of the property of the property of the organization solid any contributions that were not tax deductibles of exhibitation transitions of the property of the property of the property of the property of the organization solid any contributions that were not tax deductibles of exhibitation solid any contributions or the property of the organization solid any contribution of the property of the organization received any time of the property of the organization received any time of the property of the organization received any time of the property of the organization received any funds				Yes	No			
b If at least one is reported on line 2a, did the organization file all required to e-file (see instructions)  Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3 Did the organization have unrelated business goes income of \$1,000 or more during the year?  3 Did the organization have unrelated business goes income of \$1,000 or more during the year?  3 Did the organization have unrelated business goes income of \$1,000 or more during the year?  4 At any time during the calendary year, did the organization have an interest in, or a significant or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts?)  5 Did If "Yes," interest the name of the foreign country.  5 See Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction and any time during the tax year?  5 Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction and the prohibited tax shelter transaction of the "Yes," if the first, and the organization that were not tax deducetibles of entirable contributions?  5 Did If "Yes," if we deducetible?  7 Organizations that was not a symmetric except that are normally greater than \$100,000, and did the organization society and year that the organization necess a payment in access of \$75 made party to goods and services provided to the payor?  7 Organizations that was only any receive deductible?  7 Organizations that may receive deductible or the value of the goods or services provided?  7 Organizations that the organization necess of \$75 made party as contribution or appropriate provided to the payor tof	2a							
Note: if the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a		filed for the calendar year ending with or within the year covered by this return 21						
3a   X   X   bill the organization have unrelated business gross income of \$1,000 or more during the year?   3a   X   3b   1f ''ves', invalidation of Schedule O   3b   X   X   X   X   X   X   X   X   X	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X				
b if "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule C 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? 4 a bar Account securities account, or other financial account? 4b if "Yes," enter the name of the foreign country   & As bark account, securities account, or other financial accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If "Yes" to line Sa or Sb, did the organization file Form 888617. 6c If "Yes" to line Sa or Sb, did the organization file Form 888617. 6c If "Yes", "did 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? 6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If "Yes," did the organization shall may receive deductible contributions under section 170(c). 6c If "Yes," did the organization notity the donor of the value of the goods or services provided 7 6d If the organization receive a payment in excess of Si's made party as a contribution and party for goods and services provided to the payor? 7a X 7b If "Yes," indicate the number of Forms \$2820 filed during the year 7c Did the organization received an ocntribution of care should be presented property for which it was required to file Form 8282? 7c Did the organization received an ocntribution of care, boats, simplanes, or other vehicles, did the organization file a Form 1098-C? 7d If the organization received an ocntribution of care, boats, simplanes, or other vehicles, did the organization file a Form 1098-C? 7d If the organization received an ocntribution of a donor, donor advised fund maintained by the sponso		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
4a A tary time during the calendary 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)?  5a Was the organization aparty to a prohibite tax was reasonal property or the francial accounts (FBAP).  5a Was the organization aparty to a prohibite tax shelter transaction?  5b X  b Did any tixable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b X  c If "vies to line 5a or 5b, did the organization the Ferm 88867.  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6b X  b If "vies," did the organization include with every solicitation an express statement that such contributions or gifts were not itax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  a bid the organization state in only the donor of the value of the goods or services provided?  7b If "ves," indicate the number of Forms 8822 filed during the year  6b If "ves," indicate the number of Forms 8822 filed during the year  6c Did the organization network any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c X  7d If the organization received a contribution of qualified intellectual property, did the organization file a Form 1986 7  7h If the organization received a contribution of qualified intellectual property, did the organization file a Form 1986 7  7h If the organization received a contribution of qualified intellectual property, did the organization file a Form 1986 7  7h Johnson organization makes any taxon bodings at any time during the year?  7h If the organization received a contribution of a property organization file Form 1989 8  7n possoring organizations make and distribution to a donor, donor advised fund maintained by	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х			
financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b if 1º Yes, * ferret 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 shefter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction?  5c I* 1º Yes* to line Sa or 5b, did the organization file Form 8986-17?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  6b If Yes,** did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organization stat many receive deductible contributions under section 170(c).  a lid the organization receive a apment in excess 6157 made party as a contribution of party for goods and services provided to the payor?  7 b I* 1º Yes,** did the organization notify the donor of the value of the goods or services provided?  7 c Did the organization received a payment in excess 6157 made party as a contribution of party for which it was required to life Form 8282?  d If Yes,** indicate the number of Forms 8282 filed during the year  e Did the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required?  7 f I' the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-07  7 h I' the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 899.  8 Sponsoring organization make any taxable distributions under section 4966?  9 Section 501(c)(12) qualifications. Enter:  a intiation fees and capital contributions include	b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b					
b If "Yes," enter the name of the foreign country. ▶  See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  5a Was the organization of party to a prohibited tax shelter transaction at any time during the tax year?  5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes" to line Sar of St, dif the organization fille Form 8886.7?  5c If "Yes" to line Sar of St, dif the organization fille Form 8886.7?  5c Is 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?  5c Is Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c Is Use the organization that may receive deductible contributions under section 170(c).  a bill the organization stat may receive deductible contributions under section 170(c).  a bill the organization state may receive deductible contributions under section 170(c).  a bill the organization state may receive deductible contributions under section 170(c).  b If "Yes," idictate the number of Forms 8282 filed during the year of the value of the goods or services provided?  7b Is If Yes, "indicate the number of Forms 8282 filed during the year  1b Id the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7c Is If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098 c?  1b If the organization received a contribution of cars, bots, airplanes, or other vehicles, did the organization file a Form 1098 c?  1b If the organization received a contribution of cars, bots, airplanes, or other vehicles, did the organization file a Form 1098 c?  1c Sponsoring organization make a distribution such described for the vehicles of the organization	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
See instructions for filing requirements for FinCEN Form 114. Report of Foreign Bank and Financial Accounts (FBAR).  Sa Was the organization a party to a prohibited tax sheller 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?  Sb X  Sc If 'Yes' to line Sa or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  Sc If Account of the organization and the organization shelt and year open and gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?  Sc If Yes, 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  July 1974, 'did the organization notify the donor of the value of the goods or services provided?  Did the organization receive appment in excess of \$75 made party as a contribution of appment of the form 8282?  To Did the organization notify the donor of the value of the goods or services provided?  To C If the organization notify the donor of the value of the goods or services provided?  To If If Yes,' did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  To If If the organization received a contribution of qualified intellectual property, did the organization file a Form 889 as required?  If If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization the appment of the organization has excess business holdings at any time during the year?  Sponsoring organization maintaining donor advised funds.  July 1974, Section 501(c) 70 organizations. Enter:  July 2074, Section 501(c) 70 organizations included on Part VIII, line 12, for public use of club facilities  July 2074, Section 501(c) 70 org		financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes" to line Sa or Sb, did the organization file Form 888-617?  6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductibles as charlatele contributions?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles were not tax deductibles?  7 Organizations that may receive deductible contributions under section 170(c).  a bill the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles?  7 Organizations that may receive deductible contributions under section 170(c).  a bill the organization notify the donor of the value of the goods or services provided?  7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to tile Form 888-2.  5 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to tile Form 888-2.  5 Did the organization orseeved any funds, directly, or indirectly, or a personal benefit contract?  7 To I Did the organization, during the year, pay premiums, directly or indirectly, or a personal benefit contract?  7 To I I the organization received a contribution of cars, boats, anjaches, or other evidence, did the organization flee Form 1098-0?  8 Sponsoring organization maintaining donor advised funds.  9 Sponsoring organization maintaining donor advised funds.  10 Did the sponsoring organization maintaining donor advised funds.  10 Did the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make a distribution to a donor, donor advise	b	If "Yes," enter the name of the foreign country ▶						
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  6 If "Yes" to line 5a or 5b, did the organization file Form 888e17  6 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 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 If If "Yes," did the organization notify the donor of the value of the goods or services provided?  7 If Yes," did the organization notify the donor of the value of the goods or services provided?  8 If Yes," indicate the number of Forms 8282 filed during the year  9 Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract?  7 If Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 If If the organization receive any funds, directly or indirectly, or a personal benefit contract?  7 If If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8989 as required?  8 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make at just passes holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds.  10 Did the sponsoring organization make at just passes holdings at any time during the year?  11 Section 501(c)(7) organizations included on Part VIII, line 12  12 Section 501(c)(7) organizations included on Part VIII, line 12  13 Section 501(c)(7) organizations included on Part VIII, line 12		See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
to 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 solict any contributions that were not tax deductible as charitable contributions?  6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive a payment in excess of \$75 made partly sa \$ contribution and partly for goods and services provided to the payor?  b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization received any funds, directly or indirectly, not paymentums on a personal benefit contract?  7c X  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  7n Sponsoring organization make any taxable distributions under section 4966?  9a Sponsoring organization make any taxable distributions under section 4966?  9b Did the sponsoring organization make a distribution to a donor, donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  9a Did the sponsoring organization make any taxable distributions under section 4966?  9a Did the sponsoring organization make any taxable distributions under section 4966?  9b Did the sponsoring organization make any taxable distributions and the form 1900 (Port 1041?  15a Section 501(c)(12) organizations. Ent	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a					
6a			5b		X			
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 were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  b If "Yes," did the organization notify the donor of the value of the goods or services provided to the payor?  b If "Yes," did the organization nell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 Ib If the organization receive any funds, directly or indirectly, on a personal benefit contract?  7 If If the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required?  8 Sponsoring organizations maintaining donor advised funds, Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 49667  8 Sponsoring organization make any taxable distributions under section 49667  9 Did the sponsoring organization make any taxable distributions under section 49667  9 Section 501(c)(7) organizations. Enter:  a linitation fees and capital contributions included on Part VIII, line 12  b (Fres, "enter the amount of tax exempt interest received or accrued during the year   12a   10a   11a   1	С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization releve a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b If "Yes," include the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," include the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 If Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7 If If the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required?  8 Sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Did the sponsoring organization make an	6a							
were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  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?  To by 17 Yes," did the organization notify the donor of the value of the goods or services provided?  To by 17 Yes," did the organization notify the donor of the value of the goods or services provided?  To by 18 Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  If yes, "indicate the number of Forms 8282 filed during the year			6a		X			
7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$76 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 To g If the organization receive any puremiums, directly or indirectly, on a personal benefit contract? 7 Ti g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? Th h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Th Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Section 501(c)(7) organization make and distributions under section 4966? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10c	b							
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?  b if "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization, during the year, pay premiums, directly to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-0?  Note that the organization received a contribution of cars, boats, anjetanes, or other vehicles, did the organization file a Form 1098-0?  Th If the organization received a contribution of cars, boats, anjetanes, or other vehicles, did the organization file a Form 1098-0?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4968?  Sponsoring organization make any taxable distributions under section 4968?  Did the sponsoring organization make any taxable distributions under section 4968?  Section 501(c(1)?) organizations. Enter:  a linitiation fees and capital contributions included on Part VIII, line 12  Defors receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  That  Section 501(c(1)?) organizations. Enter:  a Gross income from embers or shareholders  b Gross income from members or shareholders  Cross income from members or shareholders  If Yes," enter the amount of tax-exempt interest received or accrued during the year  11b  Section 501(c(1)?) qualified mental plans in more than one state?  Note: See the instructions for additional information the organization must report on			6b					
b If "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7	7	• • • • • • • • • • • • • • • • • • • •						
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d If "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization self-cell and the section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross income from members or shareholders  b If "Yes," effect the amount of tax-exempt interest received or accrued during the year  12a  b If Yes," effect the amount of tax-exempt interest received or accrued during the year  12b  13a  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state?  Note	а				X			
to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7e  1 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7f  7g  If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organization maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization make any taxable distributions under section 4966?  9 Sponsoring organizations maintaining donor advised funds.  10 If the sponsoring organization make a distribution to a donor, donor advisor, or related person?  10 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)  11a  12a Section 501(c)(7) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  12b If "Yes," enter the amount of reserves the organization the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O  15a Is the organization subject to the sectio	b		7b					
d if "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7 t	С				3,7			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  77		1 1	7c		X.			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file Form 1098-C?  h If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  Did the sponsoring organizations maintaining donor advised funds.  Did the sponsoring organizations maintaining donor advised funds.  Did the sponsoring organizations make any taxable distributions under section 4966?  Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on Part VIII, line 12  Gross income from embers or shareholders  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?  If 'Yes,' enter the amount of tax exempt interest received or accrued during the year  Section 501(c)(2) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  Define the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  C Enter the amount of reserves on hand  If 'Yes,' has it filed a Form 720 to report these payments? If 'No, 'provide an explanation on Schedule O.  If 'Yes,' see instructions and file Form 4720, Schedule N.  Is the organization an adoucational institution subject to the section 4	d	· · · · · · · · · · · · · · · · · · ·						
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  110a  11 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b 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?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13b Section 501(c)(29) qualified nonprofit health insurance issuers.  13a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves any payments for indoor tanning services during the tax year?  14a Did the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to t	_							
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds.  9 Sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organization make and staribution to a donor, donor advisor, or related person?  9b D  10 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12								
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?  9 Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  9 Did the sponsoring organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  10 Section 501(c)(7) organizations. Enter:  a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10 Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  14b If "Yes," see instructions and file Form 4720, Schedule N.  15 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  If "Yes," complete Form 4720, Schedule O.								
sponsoring organization have excess business holdings at any time during the year?  Sponsoring organizations maintaining donor advised funds.  a Did the sponsoring organization make any taxable distributions under section 4966?  b Did the sponsoring organizations make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  b If "Yes," enter the amount of tax exempt interest received or accrued during the year  11b  12a  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax exempt interest received or accrued during the year  12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  14b  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  15 X  If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X	_		/n					
9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Did the sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12	0		Ω					
a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12 c Gross income from members or shareholders b Gross income from members or shareholders b 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? 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. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  13b  13a  14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X  If "Yes," complete Form 4720, Schedule O.	۵		0					
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b 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?  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  13b  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  15 X  If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  If "Yes," complete Form 4720, Schedule O.		Did	92					
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12								
a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  110 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b 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? 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. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," as it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 Is the organization and educational institution subject to the section 4968 excise tax on net investment income? 16 Is the organization subject Form 4720, Schedule N.			30					
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b  13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c  14a Did the organization receive any payments for indoor tanning services during the tax year? 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.  15 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X  17 Yes," complete Form 4720, Schedule O.								
a Gross income from members or shareholders b 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? 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. a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  13c  14a 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 on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  If "Yes," complete Form 4720, Schedule O.								
b 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 If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b It would be a section 501(c)(29) qualified nonprofit health insurance issuers.  13a Is the organization licensed to issue qualified health plans in more than one state? It would be a section 501(c)(29) qualified nonprofit health insurance issuers.  13a Note: See the instructions for additional information the organization must report on Schedule O.  13b 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 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X  15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X  16 If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X  17 If "Yes," complete Form 4720, Schedule O.	а							
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 If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  13a Note: See the instructions for additional information the organization must report on Schedule O.  15 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  13b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  15 If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  17 If "Yes," complete Form 4720, Schedule O.	b							
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 X  If "Yes," see instructions and file Form 4720, Schedule N. 16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X  If "Yes," complete Form 4720, Schedule O.								
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a 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 on Schedule O  14b  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  If "Yes," complete Form 4720, Schedule O.	12a		12a					
a Is the organization licensed to issue qualified health plans in more than one state?  Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a 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 on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  If "Yes," complete Form 4720, Schedule O.								
Note: See the instructions for additional information the organization must report on Schedule O.  b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a 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 on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  If "Yes," complete Form 4720, Schedule O.	13	Section 501(c)(29) qualified nonprofit health insurance issuers.						
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year?  15 If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  16 Is the organization and file Form 4720, Schedule N.  17 Yes," see instructions and file Form 4720, Schedule N.  18 It "Yes," complete Form 4720, Schedule O.	а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
organization is licensed to issue qualified health plans c Enter the amount of reserves on hand  13c  14a Did the organization receive any payments for indoor tanning services during the tax year? 14a If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 X  If "Yes," complete Form 4720, Schedule O.		Note: See the instructions for additional information the organization must report on Schedule O.						
c Enter the amount of reserves on hand  13c  14a 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 on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  15 X  16 "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  17 "Yes," complete Form 4720, Schedule O.	b	Enter the amount of reserves the organization is required to maintain by the states in which the						
Did the organization receive any payments for indoor tanning services during the tax year?  If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.								
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O  15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  15 X  16 "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  16 X  17 "Yes," complete Form 4720, Schedule O.								
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.			14a		X			
excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.	b							
If "Yes," see instructions and file Form 4720, Schedule N.  16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.	15							
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.			15		X			
If "Yes," complete Form 4720, Schedule O.					77			
	16		16		X			
		If "Yes," complete Form 4720, Schedule O.	Г.	000	(0000			

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 on Schedule O. See instructions.

	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			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 7			
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	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?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	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 reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
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 approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		37	
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	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 arrangement with a	40		Х
	taxable entity during the year?	16a		
р	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	401-		
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17 10	List the states with which a copy of this Form 990 is required to be filed WA  Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A. if applicable), 990, and 990 T (Section 501/c)(3)	)c ool	() ava:	able
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3 for public inspection. Indicate how you made these available. Check all that apply.	js Utily	j avall	aule
	Own website			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, ar	d fina	ncial	
13	statements available to the public during the tax year.	iu iii idi	icial	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 206-909-7641			
	PO BOX 4187, SEATTLE, WA 98194			

# 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

See instructions for the order in which to list the persons above.

(A)	(B)	l	AI 112C		C)	прсі	isai	(D)	(E)	(F)
Name and title	Average	(do		Pos	ition		one	Reportable	Reportable	Estimated
	hours per	officer and a director/trustee)				h an	compensation	compensation	amount of	
	week		CCI ai	lu a u	" ecto	ii us	100)	from	from related	other
	(list any hours for	Individual trustee or director				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	96 Or (	stee			ısatec		(W-2/1099-MISC)	(***2/1099*****100)	organization
	organizations	trust	al tru		yee	educ		,		and related
	below	/id ual	Institutional trustee	je.	Key employee	est co lo yee	ner			organizations
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Former			
(1) RENEE HOPKINS	50.00								_	
CEO	20.00					Х		147,939.	0.	7,768.
(2) LEESA MANNION	1.00								_	
PRESIDENT		Х		Х				0.	0.	0.
(3) SALLY CLARK	1.00							_	_	_
TREASURER		Х		Х				0.	0.	0.
(4) ZACK SILK	1.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(5) JAIME SMITH	1.00								_	
BOARD MEMBER		Х						0.	0.	0.
(6) STEVE KESSEL	1.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(7) CALEB WEAVER	1.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(8) SCOTT WANG	1.00									
BOARD MEMBER		Х						0.	0.	0.
		1								
		1								
										- 000

Section A. Officers, Directors, Tr		pioy	ees			gne	ST C			<del></del>		<b>(F)</b>	
(A)	(B) Average			(C Pos	-	1		(D)	(E)	_	г.	(F)	
Name and title	hours per		(do not check more than one box, unless person is both an		Reportable compensation	Reportable compensation	- 1		stimate nount				
	week					or/trus		from	from relate			other	Oi
	(list any	ctor						the	organization	1		pensa	ıtion
	hours for	or dire				ted		organization	(W-2/1099-MI	SC)	fr	rom th	е
	related	stee (	rustee			pensa		(W-2/1099-MISC)			•	anizat	
	organizations below	lal tru	onal t		oloye	com						d relat	
	line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former				orga	anizati	0115
	,	트	드	0	포	ΞÞ	Œ			$\rightarrow$			
		1											
										$\overline{}$			
										-			
1b Subtotal							<b>—</b>	147,939.		0.		7,7	68.
c Total from continuation sheets to Part								0.		0.		_	0.
d Total (add lines 1b and 1c)								147,939.		0.		7,7	68.
2 Total number of individuals (including bu								eceived more than \$100	0,000 of reportab	ole			
compensation from the organization						•							1
												Yes	No
3 Did the organization list any former offic	er, director, trust	ee, l	кеу е	emp	loye	e, or	hig	hest compensated emp	oloyee on				
line 1a? If "Yes," complete Schedule J fo	r such individual										3	Х	
4 For any individual listed on line 1a, is the													
and related organizations greater than \$	150,000? <i>If</i> "Yes,	," co	mple	ete S	Sche	edule	J f	for such individual			4	Х	
5 Did any person listed on line 1a receive of	or accrue compe	nsat	ion f	from	any	/ unr	elat	ed organization or indiv	idual for services	s			
rendered to the organization? If "Yes," c	omplete Schedui	le J t	or su	uch	pers	son .					5	Х	i
Section B. Independent Contractors													
1 Complete this table for your five highest										npensa	ation 1	from	
the organization. Report compensation f	or the calendar y	/ear	endi	ng v	vith	or w	ithir	n the organization's tax	year.				
(A)								(B)			(C		
Name and busine							_	Description of s	ervices	Co	ompe	nsatio	n
REBECCA N JOHNSON STRAT				_									
17424 107TH AVE SW, VAS	HON, WA	98	) // (	)				ON LINE CONS	ULTANT	<u> </u>	14	1,4	50.
							_			<u> </u>			
										1			
							4			—			
										1			
							$\dashv$			<del> </del>			
										1			
	<i>P</i> 1 P 1 :					.,	ᆜ						
2 Total number of independent contractor		iot II	rnite	a to		se lis 1	stec	a above) who received h	iore tnan				
\$100,000 of compensation from the orga	anization 📂					_							

Pa	rt V	1111				an in this Dout VIII			
			Check if Schedule O contains a re	sponse	or note to any iii	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt function revenue		Revenue excluded from tax under sections 512 - 514
nts	1	а	Federated campaigns1	а					
Contributions, Gifts, Grants and Other Similar Amounts				b	600 104				
fts, r An			Fundraising events1		600,124.				
, nilai			·····-	d					
ons			Government grants (contributions)  All other contributions, gifts, grants, and	е					
ber		'		f	295,426.				
d di		a	· · · · · · · · · · · · · · · · · · ·	g \$					
Col		_	Total. Add lines 1a-1f			895,550.			
					Business Code				
Çe	2	а	PROGRAM SERVICE		999999	2,000.	2,000.		
Program Service Revenue		b							
m S		С							
gra Re		d							
Pro		e f	All other program service revenue						
			Total. Add lines 2a-2f			2,000.			
	3	<u> </u>	Investment income (including dividend			,			
			other similar amounts)		<b>&gt;</b>				
	4		Income from investment of tax-exemp		•				
	5		Royalties						
	_		· · · · · · · · · · · · · · · · · · ·	Real	(ii) Personal				
			Gross rents 6a 6b			-			
			Less: rental expenses 6b  Rental income or (loss) 6c						
			Not worth in come or (local)		<b>&gt;</b>				
			` ' <del></del>	urities	(ii) Other				
			assets other than inventory <b>7a</b>						
•		b	Less: cost or other basis						
anue			and sales expenses						
Revenue			Gain or (loss) 7c						
er B			Net gain or (loss)		<b>P</b>				
о <del>th</del>	0	а	including \$ 600,124.						
			contributions reported on line 1c). See						
			Part IV, line 18	8a	292,882.				
		b	Less: direct expenses	8b	9,305.				
			Net income or (loss) from fundraising e		<b></b>	283,577.			283,577.
	9	а	Gross income from gaming activities.						
		h	Part IV, line 19 Less: direct expenses						
			Net income or (loss) from gaming activ		<u> </u>				
			Gross sales of inventory, less returns	 					
			and allowances	10a					
		b	Less: cost of goods sold						
		С	Net income or (loss) from sales of inve	ntory	<b></b>				
sn	٠.		DDD CADEC ACM		Business Code 999999	175 501		175 501	
Miscellaneous Revenue			PPP CARES ACT		77777	175,581.		175,581.	
ella		b c							
Aisc Re			All other revenue						
_			Total. Add lines 11a-11d		<b>)</b>	175,581.			
	12		Total revenue. See instructions	<u>.</u>	<b></b>	1,356,708.	2,000.	175,581.	283,577.

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

<u></u>	Check if Schedule O contains a respon	(A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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,				
6	trustees, and key employees  Compensation not included above to disqualified				
6	persons (as defined under section 4958(f)(1)) and				
	naraana dagarihad in agatian 40E0(a)(0)(D)				
7		399,757.	305,256.	73,022.	21,479
7 8	Other salaries and wages Pension plan accruals and contributions (include	555,1516	303,230•	75,022.	21,11
O	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	41,800.	32,416.	7,267.	2,117
10	Payroll taxes	12,000	32,1200	,,20,0	
1	Fees for services (nonemployees):				
a	. ` ' ' ' '				
b	Legal	14,799.	12,459.	2,340.	
c		32,504.		21,844.	10,660
d		105,969.	105,969.		
e	D ( ' 1( 1 ' ' ' O D ' N' I' 47	106,302.	200,505.		106,302
f	Investment management fees	200,0021			200,002
g	//(!) 44				
9	column (A) amount, list line 11g expenses on Sch O.)	55,725.	55,725.		
12	Advertising and promotion		33,1231		
13	Office expenses				
.o 14	Information technology				
15	Royalties				
16	Occupancy	67,203.	14,523.	51,939.	741
17	Travel	1,139.	1,132.	7.	
18	Payments of travel or entertainment expenses	-	-		
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings				
20	Interest				
1	Payments to affiliates				
2	Depreciation, depletion, and amortization				
3	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.)				
а	1639 LEGAL DEFENSE	234,004.	234,004.		
b	PROGRAM IMPLEMENTATION	50,817.	50,817.		
	DIRECT MAIL	49,606.			49,606
С		43,278.	3,170.	2,457.	37,651
c d	COMMUNICATIONS			400	(( ))
d	COMMUNICATIONS All other expenses	-64,921.	1,882.	130.	
d e	·		1,882. 817,353.	130.	
d	All other expenses	-64,921.			
d e 25	All other expenses  Total functional expenses. Add lines 1 through 24e	-64,921.			-66,933 161,623
d e 25	All other expenses  Total functional expenses. Add lines 1 through 24e  Joint costs. Complete this line only if the organization	-64,921.			

Pa	IL A	Balance Sneet				
		Check if Schedule O contains a response or	note to any line in this Part X	(A)		(B)
				Beginning of year		End of year
	1	Cash - non-interest-bearing		32,755.	1	34,545.
	2	Savings and temporary cash investments		,	2	·
	3	Pledges and grants receivable, net	27,702.	3	100,000.	
	4	Accounts receivable, net		398.	4	2,186.
	5	Loans and other receivables from any currer				
		trustee, key employee, creator or founder, su				
		controlled entity or family member of any of			5	
	6	Loans and other receivables from other disq				
		under section 4958(f)(1)), and persons descr	ibed in section 4958(c)(3)(B)		6	
ß	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
ğ	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D				
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities	•		11	
	12	Investments - other securities. See Part IV, li		12		
	13	Investments - program-related. See Part IV, I	ine 11		13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	7,348.	15	88,669.	
	16	Total assets. Add lines 1 through 15 (must e		68,203.	16	225,400.
	17	Accounts payable and accrued expenses		117,113.	17	51,467.
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Comple	ete Part IV of Schedule D		21	
es	22	Loans and other payables to any current or	former officer, director,			
≝		trustee, key employee, creator or founder, su	ubstantial contributor, or 35%			
Liabilities		controlled entity or family member of any of	these persons		22	
_	23	Secured mortgages and notes payable to ur	related third parties		23	
	24	Unsecured notes and loans payable to unrel	ated third parties		24	
	25	Other liabilities (including federal income tax	, payables to related third			
		parties, and other liabilities not included on l	ines 17-24). Complete Part X			4 004
		of Schedule D		0.		4,084.
	26	Total liabilities. Add lines 17 through 25		117,113.	26	55,551.
Ś		Organizations that follow FASB ASC 958,	check here ▶ X			
nce.		and complete lines 27, 28, 32, and 33.		40.010		60.040
ala	27	Net assets without donor restrictions		-48,910.	27	69,849.
d B	28	Net assets with donor restrictions			28	100,000.
ڌ		Organizations that do not follow FASB AS	C 958, check here 🕨 📖			
P		and complete lines 29 through 33.				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fur			29	
SSE	30	Paid-in or capital surplus, or land, building, o			30	
λA	31	Retained earnings, endowment, accumulate		40 010	31	160 040
ž	32	Total net assets or fund balances		-48,910.	32	169,849.
	33	Total liabilities and net assets/fund balances		68,203.	33	225,400.

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 32, column (A)) Net unrealized gains (losses) on investments Donated services and use of facilities

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

2

Part XI Reconciliation of Net Assets

47	-2512998 Page <b>12</b>
1	1,356,708.
2	1,137,982.
3	218,726.
4	-48,910.
5	
6	

′	investment expenses	/			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			33.
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	16	9,8	49.
Pai	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			Yes	No
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
	Act and OMB Circular A-133?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
	<del>-</del>		Form	990	(2020)
			Form	1	990

## 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

**2020** 

Name of the organization Employer identi

Employer identification number

47-2512998

ALLIANCE	FOR	GUN	RESPONSIBILITY
Organization type (check one):			

Filers of	:	Section:
Form 99	0 or 990-EZ	$oxed{X}$ 501(c)( $oxed{4}$ ) (enter number) organization
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation
		527 political organization
Form 99	)-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
	•	covered by the <b>General Rule</b> or a <b>Special Rule</b> .  7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
X		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 r, 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; line 1. Complete Parts I and II.
	contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, nal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering instead of the contributor name and address), II, and III.
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., applete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year
	•	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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) (2020)

Name of organization Employer identification number

### ALLIANCE FOR GUN RESPONSIBILITY

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

Name of organization Employer identification number

### ALLIANCE FOR GUN RESPONSIBILITY

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$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	N/A	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	N/A	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	N/A	\$30,000.	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	N/A	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	N/A	\$10,000 <b>.</b>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

### ALLIANCE FOR GUN RESPONSIBILITY

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	N/A	\$10,124.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	N/A	\$ 20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	N/A	\$\$	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
16	N/A	\$\$0,000.	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	N/A	\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	N/A	\$325,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

### ALLIANCE FOR GUN RESPONSIBILITY

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	N/A	\$ 100,000.	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
		- _ \$	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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

### ALLIANCE FOR GUN RESPONSIBILITY

Part II	Noncash Property (see instructions). Use duplicate copies of P	art 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)		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		<b></b>	
(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
		\$	

Name of organization **Employer identification number** 47-2512998 ALLIANCE FOR GUN RESPONSIBILITY 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. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (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 D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ALLIANCE FOR GUN RESPONSIBILITY

**Employer identification number** 47-2512998

Pai	t I Organizations Maintaining Donor Advise	ed Funds or Other Similar Funds or	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advised f	unds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant funds can be use	d only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose con	ferring
Pai	t II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part	IV, line 7.
1	Purpose(s) of conservation easements held by the organizat		
	Preservation of land for public use (for example, recrea		storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	
	day of the tax year.		Held at the End of the Tax Year
	Total number of conservation easements		
	Total acreage restricted by conservation easements		· —
	Number of conservation easements on a certified historic str		. 2c
a	Number of conservation easements included in (c) acquired		
•	listed in the National Register		
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the org	ganization during the tax
4	Number of states where property subject to concernation as	accompant in located	
4 5	Number of states where property subject to conservation ea	•	
3	Does the organization have a written policy regarding the pe violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
Ū	b	, mandling of violations, and emorning conserve	ation casements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conservation	easements during the year
-	<b>▶</b> \$	ag -,a, aagg	caseee aag ae , ea.
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170(h)(4	4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservat		
	balance sheet, and include, if applicable, the text of the foot	•	
	organization's accounting for conservation easements.	-	
Pai	t III Organizations Maintaining Collections o	of Art, Historical Treasures, or Othe	r Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue statement and I	balance sheet works
	of art, historical treasures, or other similar assets held for pul	blic exhibition, education, or research in furthe	erance of public
	service, provide in Part XIII the text of the footnote to its fina	ncial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 95	58, to report in its revenue statement and bala	nce sheet works of
	art, historical treasures, or other similar assets held for public	c exhibition, education, or research in furtheral	nce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial gai	n, provide
	the following amounts required to be reported under FASB A		
	Revenue included on Form 990, Part VIII, line 1		· · · · · · · · · · · · · · · · · · ·
	Assets included in Form 990, Part X		
LHA	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Schedule D (Form 990) 2020

032051 12-01-20

Par	t III   Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures, o	or Other	' Simila	ar Asse	<b>ts</b> (continue	ed)
3	Using the organization's acquisition, access	ion, and other record	ds, chec	k any of the	following tha	t make sig	gnificant	use of its		
	collection items (check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	am				
b	Scholarly research	е	,	Other						
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	n how tl	hey further t	he organizati	on's exem	pt purpo	ose in Par	t XIII.	
5	During the year, did the organization solicit of	or receive donations	of art, h	istorical trea	sures, or oth	er similar a	assets	_	-	
	to be sold to raise funds rather than to be m								Yes	No_
Par	t IV Escrow and Custodial Arran		ete if the	e organizatio	n answered	"Yes" on F	orm 990	), Part IV,	line 9, or	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod		-						7	
	on Form 990, Part X?							∟	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:						
									Amount	
С	Beginning balance									
d	Additions during the year									
е	Distributions during the year									
f	Ending balance								1	
2a	Did the organization include an amount on F						y?	L	Yes	No
	If "Yes," explain the arrangement in Part XIII									
Par	t V Endowment Funds. Complete									
	5	(a) Current year	(b) ⊦	Prior year	(c) Two year	rs dack (c	i) inree y	ears back	(e) Four ye	ars back
_	Beginning of year balance									
b	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g 2	End of year balance  Provide the estimated percentage of the cur	ront year and balance	l (line 1	a column (	)) hold oo:					
	Board designated or quasi-endowment	rent year end baland	% (IIIIe I	g, coluitii (a	a)) Helu as.					
a b	Permanent endowment	<u></u> %								
·	The percentages on lines 2a, 2b, and 2c sho	•								
За	Are there endowment funds not in the posse	•	ation th	at are held a	ınd administe	ered for the	- organiz	ation		
-	by:	occion of the organiz	4	at are mora a	ara aariii iiote	7.00 101 111	o organiz	ation	Y	es No
	(i) Unrelated organizations								3a(i)	113
	(ii) Related organizations									$\top$
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on S	Schedule R?					3b	
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipn									
	Complete if the organization answere	d "Yes" on Form 990	D, Part I	V, line 11a. S	See Form 990	), Part X, li	ne 10.			
	Description of property	(a) Cost or o	ther	(b) Cost	or other	(c) Acc	cumulate	ed	(d) Book v	alue
	<u> </u>	basis (investr	ment)	basis	(other)	depr	eciation			
1a	Land									
	Buildings									
	Leasehold improvements									
d	Equipment									
	Other									
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, colur	mn (B), line 1	10c.)			<b>&gt;</b>		0.
								Schedule	D (Form 9	90) 2020

Schedule D (Form 990) 2020 ALLIANCE FO	R GUN RESPONS	SIBILITY	47-2512998 Page 3
Part VII Investments - Other Securities.			- r - e - e - r age (
Complete if the organization answered "Yes"		-	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cos	st or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C) (D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line		
(a) Description of investment	(b) Book value	(c) Method of valuation: Cos	st or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 1	5.
	Description		(b) Book value
(1) REFUNDABLE DEPOSITS			4,500
(2) DUE FROM RELATED PARTY C3			37,709
(3) DUE FROM RELATED PARTY PA	С		46,460
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	- 45)		88,669
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.			, <b>,</b>
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			3,570
(2) PAYROLL LIABILITIES (3) PAYROLL TAXES PAYABLE			514
(-7			314
(4)			
(5) (6)			
(7)			
V: /			

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII...

Schedule D (Form 990) 2020

4,084.

(8)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Pai	rt XI Reconciliation of Revenue per Audited Financi			
	Complete if the organization answered "Yes" on Form 990, Pa	rt IV, line 12a.		
1	Total revenue, gains, and other support per audited financial stateme	nts	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	· · · · · · · · · · · · · · · · · · ·			
b	Donated services and use of facilities	2b		
С				
d	Other (Describe in Part XIII.)	2d		
е	J			
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1		
а	, , , ,			
b	,	4b		
С	Add lines <b>4a</b> and <b>4b</b>			
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I,			
Pa	rt XII Reconciliation of Expenses per Audited Finance	-	ises per Return.	
	Complete if the organization answered "Yes" on Form 990, Pa	·	1.1	
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	11		
a				
b	, , , , , , , , , , , , , , , , , , , ,			
С.				
d	,	· ·		
_	J			
3	Subtract line 2e from line 1		3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
4	· · · · · · · · · · · · · · · · · · ·	40		
а	Investment expenses not included on Form 990, Part VIII, line 7b			
a b	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	4b	40	
a b c	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines <b>4a</b> and <b>4b</b>	4b		
a b c 5	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part	4b		
a b c 5	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III   Supplemental Information.	4b	5	t XI.
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part of XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	/, line 18.)  In a and 4; Part IV, lines 1b and 2b; F	5	t XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part III   Supplemental Information.	/, line 18.)  In a and 4; Part IV, lines 1b and 2b; F	5	t XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part of XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	/, line 18.)  In a and 4; Part IV, lines 1b and 2b; F	5	t XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part of XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	/, line 18.)  In a and 4; Part IV, lines 1b and 2b; F	5	t XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part of XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	/, line 18.)  In a and 4; Part IV, lines 1b and 2b; F	5	t XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part of XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	/, line 18.)  In a and 4; Part IV, lines 1b and 2b; F	5	t XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part of XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	/, line 18.)  In a and 4; Part IV, lines 1b and 2b; F	5	t XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part of XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	/, line 18.)  In a and 4; Part IV, lines 1b and 2b; F	5	t XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part of XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	/, line 18.)  In a and 4; Part IV, lines 1b and 2b; F	5	t XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part of XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	/, line 18.)  In a and 4; Part IV, lines 1b and 2b; F	5	t XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part of XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	/, line 18.)  In a and 4; Part IV, lines 1b and 2b; F	5	t XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part of XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	/, line 18.)  In a and 4; Part IV, lines 1b and 2b; F	5	t XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part of XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	/, line 18.)  In a and 4; Part IV, lines 1b and 2b; F	5	t XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part of XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	/, line 18.)  In a and 4; Part IV, lines 1b and 2b; F	5	t XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part of XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	/, line 18.)  In a and 4; Part IV, lines 1b and 2b; F	5	t XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part of XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	/, line 18.)  In a and 4; Part IV, lines 1b and 2b; F	5	t XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part of XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	/, line 18.)  In a and 4; Part IV, lines 1b and 2b; F	5	t XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part of XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	/, line 18.)  In a and 4; Part IV, lines 1b and 2b; F	5	t XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part of XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	/, line 18.)  In a and 4; Part IV, lines 1b and 2b; F	5	t XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part of XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	/, line 18.)  In a and 4; Part IV, lines 1b and 2b; F	5	t XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part of XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	/, line 18.)  In a and 4; Part IV, lines 1b and 2b; F	5	t XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part of XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	/, line 18.)  In a and 4; Part IV, lines 1b and 2b; F	5	t XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part of XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	/, line 18.)  In a and 4; Part IV, lines 1b and 2b; F	5	t XI,
a b c 5 Par	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part of XIII Supplemental Information. Tide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1	/, line 18.)  In a and 4; Part IV, lines 1b and 2b; F	5	t XI,

#### **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** 

	E FOR GUN RESPONSI	BIL	ITY		47-2512	998				
<b>Part I</b> 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.										
<ul> <li>1 Indicate whether the organization rais a X Mail solicitations</li> <li>b X Internet and email solicitations</li> <li>c X Phone solicitations</li> <li>d X In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the</li> </ul>	sed funds through any of the following solicitates of Solicitates	tion of the tion o	non-g gover ising o ling o onal f	overnment grants nment grants events fficers, directors, true fundraising services?	stees, or X Yes					
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundra have cu or cont contribu	Did aiser istody irol of itions?	(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				
		Yes	No							
Fotal			<b>&gt;</b>							
3 List all states in which the organization or licensing. AK, AL, AR, CA, CO, CT, DC,	on is registered or licensed to solicit	contrib	utions		·					
NM, NV, NY, OH, OK, OR, PA,				MD,ME,MI,M	N, MO, MS, NC	, ND , NH , NU				

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

Schedule G (Form 990 or 990-EZ) 2020

Pa	irt i	of fundraising events. Complete if the of fundraising event contributions and gr	-			
		or landraion g over the contributions and gr	(a) Event #1 2020 LUNCHEON	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
ē			(event type)	(event type)	(total number)	33 ( <b>3</b> ))
Revenue	1	Gross receipts	893,006.			893,006.
	2	Less: Contributions	600,124.			600,124.
	3	Gross income (line 1 minus line 2)	292,882.			292,882.
	4	Cash prizes				
es	5	Noncash prizes				
xpens	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				9,305.
	10	Direct expense summary. Add lines 4 throug			<b>&gt;</b>	9,305.
_	11	Net income summary. Subtract line 10 from I				283,577.
Pa	ırt I		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue						(.,
Ä	1	Gross revenue				
nses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direc	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	☐ No	☐ No	
	7	Direct expense summary. Add lines 2 throug	h 5 in column (d)		<b>&gt;</b>	
		Net continue in a continue of the continue of	7 forms the s. d. s. s. booms (st)		_	
	8	Net gaming income summary. Subtract line 7	r trom line 1, column (a)		<b>P</b>	
а	ls t	ter the state(s) in which the organization condi- the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No
b	IT "	No," explain:				
		ere any of the organization's gaming licenses re Yes," explain:	•		year?	Yes No

Schedule G (Form 990 or 990-EZ) 2020

032082 11-25-20

Sch	edule G (Form 990 or 990-EZ) 2020 ALLIANCE FOR GUN RESPONSIBILITY 47-2	2512998	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
13	Indicate the percentage of gaming activity conducted in:		
		13a	0/
	The organization's facility	<del>                                     </del>	<u>%</u>
	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address >		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
b	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
С	elf "Yes," enter name and address of the third party:		
	Name		
	Address ►		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
а		Yes	□ No
	retain the state gaming license?	163	NO
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
D-	organization's own exempt activities during the tax year > \$		
Ра	TT IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	ırt III, lines 9.	, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	(Form 990 or 990-EZ)	ALLIANCE FOR	R GUN	RESPONSIBILITY	47-2512998	Page 4
Part IV	(Form 990 or 990-EZ)  Supplemental Infor	mation (continued)				

#### **SCHEDULE J** (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

ALLIANCE FOR GUN RESPONSIBILITY

Employer identification number 47-2512998

Pa	art I Questions Regarding Compensation						
			Yes	No			
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,						
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or charter travel Housing allowance or residence for personal use						
	Travel for companions Payments for business use of personal residence						
	Tax indemnification and gross-up payments Health or social club dues or initiation fees						
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)						
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or						
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b					
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2					
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's						
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to						
	establish compensation of the CEO/Executive Director, but explain in Part III.						
	Compensation committee Written employment contract						
	Independent compensation consultant Compensation survey or study						
	Form 990 of other organizations  Approval by the board or compensation committee						
4	During the year did any pareen listed on Ferm 000 Part VIII. Section A line 1s, with respect to the filing						
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:						
а		4a		х			
h	<ul> <li>a Receive a severance payment or change-of-control payment?</li> <li>b Participate in or receive payment from a supplemental nonqualified retirement plan?</li> </ul>						
c		4b 4c		X			
Ĭ	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
	contingent on the revenues of:						
а	The organization?	5a		X			
b	Any related organization?	5b		Х			
	If "Yes" on line 5a or 5b, describe in Part III.						
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
	contingent on the net earnings of:						
а	The organization?	6a		X			
b	Any related organization?	6b		Х			
	If "Yes" on line 6a or 6b, describe in Part III.						
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			37			
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		X			
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in						
	Regulations section 53.4958-6(c)?	9		<u> </u>			

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

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title   (i) Base compensation   (ii) Donus & incentive compensation   (iii) Other compens		(B) Breakdown of	W-2 and/or 1099-M	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
	(A) Name and Title	(i) Base compensation	incentive	(iii) Other reportable compensation		berients	(B)(I)-(U)	reported as deferred	
	(i)	)							
(ii) (ii) (iii) (i									
	(i)	):							
(ii) (ii) (iii) (i									
(i) (i) (ii) (ii) (iii)									
(ii) (iii) (									
(i) (ii) (ii) (iii) (iii									
(ii) (ii) (iii) (i									
(i) (ii) (ii) (iii) (iii									
(ii) (ii) (iii) (i									
(i) (i) (ii) (ii) (iii)									
(i) (ii) (ii) (iii) (iii									
(i) (i) (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiiii) (iiiiiii) (iiiiiiii									
(i) (ii) (iii) (ii									
(i) (i) (ii) (ii) (iii) (iiii) (iiii) (iiii) (iiiii) (iiiiiii) (iiiiiiii									
(i) (ii) (ii) (iii) (iii) (iii) (iii) (iii) (iii) (iii) (iiii) (iiii) (iiii) (iiii) (iiiii) (iiiiii) (iiiiiiii									
(i) (i) (ii) (ii) (iii) (iii) (iii) (iii) (iii) (iiii) (iiii) (iiiiii) (iiiiiiii									
(i) (ii) (ii) (iii)									
(ii) (i) (ii)									
(i)									

Part III   Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

#### **SCHEDULE 0**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

Inspection

Name of the organization

ALLIANCE FOR GUN RESPONSIBILITY

**Employer identification number** 47-2512998

1
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.
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.

#### 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.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Name of the organization

2020 Open to Public Inspection

OMB No. 1545-0047

Inspection
Employer identification number

ALLIANCE FOR	GUN RESPONSIBILIT	Y				47-25129	98	
Part I Identification of Disregarded Entities. Comple	ete if the organization answered "Y	es" on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state of foreign country)	r Total income End-of-year ass		assets	Direct c	<b>(f)</b> ontrolling ntity	9
Part II Identification of Related Tax-Exempt Organizations during the tax year.	rations. Complete if the organization	on answered "Yes" on Form 99	0, Part IV, line 34,	because it had one	or mor	re related tax-exe	empt	
(a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Dire	(f) ect controlling entity	(g) Section 512(b) controlled entity?	
				501(c)(3))			Yes	No
ALLIANCE FOR GUN RESPONSIBILITY FOUNDATION -46-4601368, PO BOX 4187 , SEATTLE, WA 98194		WASHINGTON	501(C)	LINE 7				x
ALLIANCE FOR GUN RESPONSIBILITY VICTORY FUND								
- 47-1304996, PO BOX 4187, SEATTLE, WA								,,
98194	PAC	WASHINGTON	527					Х
	+		+	+ +			+	

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

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.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(I	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	Disprop	ortionate	Code V-UBI	Gene	al or P	Percentage ownership
of related organization		(state or foreign	entity		income	end-of-year assets	alloca	itions?	amount in box	partner?		ownership
		country)		sections 512-514)		833013	Yes	No	amount in box 20 of Schedule K-1 (Form 1065)	Yes	No	
										$\vdash$	+	
	1											
	1											
										$\vdash$	_	
	-											
										Ш		
	1											
	1											
										_		

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)	(i	i) tion
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	CITA	
		country)		,				Yes	No
									1
									i
									i
	1								i
									l
	1								i
									1
	1								l
									1
	1								1
	1								1
	1	2 /	<u> </u>						

Page 3

Yes No

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

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	s with one or more r	elated organizations listed in	Parts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	Х				
	Gift, grant, or capital contribution to related organization(s)				1b		Х			
С	Gift, grant, or capital contribution from related organization(s)				1c		Х			
	Loans or loan guarantees to or for related organization(s)				1d		Х			
е	Loans or loan guarantees by related organization(s)				1e		Х			
	Dividends from related organization(s)				1f		Х			
'	Dividends from related organization(s)				1g		X			
9 h	<ul><li>g Sale of assets to related organization(s)</li><li>h Purchase of assets from related organization(s)</li></ul>									
					1h 1i		X			
	Exchange of assets with related organization(s)				1i		X			
J	Lease of facilities, equipment, or other assets to related organization(s)				')		21			
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		X			
- 1	I Performance of services or membership or fundraising solicitations for related organization(s)									
n	Performance of services or membership or fundraising solicitations by related organ	nization(s)			1m	Х	Х			
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
	Sharing of paid employees with related organization(s)									
							Х			
р	p Reimbursement paid to related organization(s) for expenses									
	q Reimbursement paid by related organization(s) for expenses									
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		Х			
2	If the answer to any of the above is "Yes," see the instructions for information on w	ho must complete t	his line, including covered re	elationships and transaction thresholds.						
	(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved					
(1)	ALLIANCE FOR GUN RESPONSIBILITY FOUNDATION	0	0.							
(2)	ALLIANCE FOR GUN RESPONSIBILITY FOUNDATION	Q	0.							
(3)										
<u>(4)</u>										
<u>(5)</u>										
(6)										
03216	3 10-28-20	35		Schedule I	R (For	n 990	2020			

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)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e)	(f)	(g)	(ŀ	1)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related unrelated	partners s	Share of	Share of	Dispri	opor- iate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag	Percentago
of entity		(state or foreign country)	excluded from tax under	orgs.?	total income	end-of-year assets	allocat	ions?	of Schedule K-1	partne	ownership
		Country)	Sections 5 (2-5 (4)	Yes N	o Income	assets	Yes	No	(F01111 1065)	Yes I	10
	1										
	1										
	_										
										$\vdash$	
	_										
	_										
										$\sqcup$	
	]										
	1										
										Ш	
	]										
	1										
	1										
	1										
										$\sqcap$	
	1										
	1										
	1										
				++						+	
	-										
	1										
	1										
				$\perp \perp$							000\ 000