

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

	<u></u>	990	1						-		ŀ	OMBN	a. 1545-00	47
2000 C	rom 4				_		Exempt Fr					20	016	
- Depai	tment of the al Revenue	Treasury Service	Ī	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.									to Publ pection	
A	For the 2	016 calend	iar year, or ta	x year begin	ning		, 2016,	and endi	ng			,		
B	Check If appl	licable	C Name of organ	nization All	iance fo	or Gun	Responsib	ility		D Emplo	yer ident	dification n	umber	
	Address	s change	Doing busines								2512			
	Name o	hange	Number and st	treet (or PO bo)	tf mail is not dell	vered to street	address)	Room	/sulte	E Teleph	one numi	ber		
	Initial re	eturn	PO Box 21				· · · · · · · · · · · · · · · · · · ·			(20	6) 6	82-73	28	
		mileminated	City or town, s	tate or province,	country, and ZIP	or foreign post	al code			1				
	Amende	ed return	Seattle_				WA	98111		G Gross			5,298	
	Applicat	tion pending	F Name and add	tress of principal	officer:				H(a) Is this				Yes	XN
			Renee Hopki			Seatt		98111	H(b) Are all	subordinates attach a list (included see instr	ructions)	Yes	Щи
	Tax-exen	npt status	501(c)(3)	X 501(c) (4) √ (ir	nsert no.)	4947(a)(1) or	527]					
J	Websit	e: ► www	w.gunresp	onsibil.	ity.org				H(c) Group	exemption nu	mber 🕨	>		
K		ganization.	X Corporation	Trust	Association	Other -	L	ear of tormat	ion: 2014	4 M	State of le	egal domic	ie. WA	
Pa		Summary												
	1 Brie	fly describ	e the organizat	tion's mission	or most sign	nificant activ	vities: <u>To</u>	advocate	for sol	utions t	hat r	educe c	pin vio	lence
ည္မ														
를		- -	- -										. 	
Activities & Governance	_ ====												· -	
ğ							ions or disposed				ssets. 3	Ī		
92							art VI, line 1b)				4			
ië.							V, lîne 2a)				5			5
3											6			10
B	7a Tota	al unrelated	l business reve	enue from Pa	art VIII, colum	n (C), line	12				7a			0
	_b Net	unrelated l	business taxab	le income fro	om Form 990	-T, line 34					7b			0
									P	rior Year		Cu	rrent Ye	ar
١	8 Cor	ntributions a	and grants (Pa	rt VIII, line 11	1)	SEÑ	COVED.	•••	\cdot 1	,022,6	558.	4	,365	,298
Revenue			e revenue (Pa					ا د ا	٠ ــــــــــــــــــــــــــــــــــــ	137,2	229.			0
ě	10 Inve	estment inc	ome (Part VIII,	, column (A),	lines 3, 4, an	d 7d) · · · ·		18 · ·	·					
-	11 Oth	er revenue	(Part VIII, colu	ımn (A), lines	5, 6d, 8¢290	, 10c, and	11e): 2017:	181	٠	22,4				0.
-+							unn (A), line 12	721 :	· 1	,182,3	349.	4	,365,	
1			nilar amounts p				9 057	- N	• ——					0.
- 1			or for member					النسب	·					0.
8			•				r(A), lines 5-10		•	322,8				146
Expense	16a Pro	fessional fu	ındraising fees	(Part IX, col	umn (A), line	11e)		• • • • •		24,0				, 225
Š	b Tota	al fundraisi	ng expenses (F	Part IX, colur	nn (D), line 2	5) -	43	2,062.	等情報		~ -1 \(\frac{1}{2}\)	# 3/1 / 1/2		
"	17 Oth	er expense	s (Part IX, colu	umn (A), line:	s 11a-11d, 11	lf-24e)				526,7	767.	3	,371,	968
- 1	18 Tota	al expenses	s. Add lines 13	-17 (must eq	uai Part IX, c	olumn (A),	line 25)			873,5			,545,	
- 1	19 Rev	enue less (expenses. Sub	tract line 18	from line 12					308,7			-180,	
ह हैं।									Beginnin	ng of Curre		En	d of Ye	
Assets or Balances	20 Tota	al assets (P	art X, line 16)							437,5			223,	719
1	21 Tota	al liabilities	(Part X, line 26	6)						33,7	789.			
2 E	22 Net	assets or f	und balances.	Subtract line	21 from line	20				403,7	760.		223.	719
Pa		Signature			·									
				nined this return	including accome	anvino schedu	des and statements	and to the he	st of my knowl	ledne and he	let itst	nie correct	l and	
		tion of prepare	(other than officer)	is based on all i	ntormation of whi	ch preparer ha	des and statements, s any knowledge	10 1/10 00	my mrowi	go with DC	n 10 U		.,	
्) Sig			2000	Lon	11/1hi	0			0	8/08/1	7	***		
.; Šia	n	Bighatur	difficer	1701	t Cons				Da					
Her	е	Rene	e Hopkin	s /					CEO					
		Type or p	orint name and title											 ,
<u>₹</u>		Print/Type pre	eparer's name		Preparer's sign	ature		Date		Check	1	PTIN		
₩. Pai	d							08/08	/17	self-employ				
	u parer	Firm's name	► HP Po	litical	Complia	nce		,,,					 -	
	Only	Firm's addres		iarwood						Firm's EiN ¹	► 47 .	-1207	167	
	y	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Ringg		DITAG		GA 3073			Phone no.				•
Mari	the IDC -	tionues this			oum aboum?	(see instru					(206		2-732	X No
⁄id∀	แเษ เหอ 0	แฮบนธร เทเร	Territt Mitt tue	preparer sn	OWIT ADOVE?	(See mstru	ctions)					Y	es l	AI NO

Form 990 (2016)

orm 990 (2016)	Alliance for Gun Responsibility	47-251	2998	Page
	ement of Program Service Accomplishments		-	
	k if Schedule O contains a response or note to any line in this Part III	<u> </u>	<u> </u>	<u> </u>
	be the organization's mission			
<u>To advo</u>	cate for solutions that reduce qun violence.	 		
0 D d th a success				
-	nization undertake any significant program services during the year which were not l 990-EZ?	•	V Vaa	☐ Na
	ribe these new services on Schedule O		X Yes	∐ No
•	nization cease conducting, or make significant changes in how it conducts, any prog	ram senuces?	☐ Yes	X No
	ribe these changes on Schedule O	Tam services		
•	organization's program service accomplishments for each of its three largest progra	am services, as measured	by expense	ıs
Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and all , if any, for each program service reported.	ocations to others, the tot	al expenses	1
4 a (Code) (Expenses \$ 274,382. including grants of \$	0.)(Revenue \$		0.
	iance for Gun Responsibility advocated and informe			 _
	on the importance of gun violence prevention laws.	This included		- -
<u>a_full</u> _	legislative program and accountability program.	-		- <i>-</i>
		-		
				- <i>-</i>
		-		
4 b (Code) (Expenses \$ 4,063,012. including grants of \$	0.)(Revenue \$		0.
·	nance for Gun Responsibility worked to pass ballot			
	llows family members, law_enforcement and others			
	rearms out the hands of a person deemed to a risk		~~	
	rs for the social welfare of the community.			-
21 200				
		·		
		-		-
1 c (Code) (Expenses \$ including grants of \$) (Revenue \$		
· · · ·		 ^`		
-				
		-		
			<u>-</u>	
4 d Other progra	am services (Describe in Schedule O)			
(Expenses		Revenue \$)
	m service expenses 4 . 337 . 394	7		

TEEA0102 11/16/16

Form **990** (2016)

BAA

	1990 (2016) Alliance for Gun Responsibility 47-2512998	<u> </u>		age 3
Pai	tilV 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		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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	Х	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		Х
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		Х
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		Х
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		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable.			
á	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11 a		Х
ŀ	Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11 b		Х
•	Did the organization report an amount for investments — program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		Х
•	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	11 d		Х
•	Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		X
1	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		Х
12 :	Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI and XII	12a		Х
ı	Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12 b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		Х
14:	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
I	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		х
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 foreign organization? If 'Yes,' complete Schedule F, Parts II and IV	15		Х
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 (see instructions)	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	х	

19

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III.

Form 990 (2016)

7	The state of the dame and allow (solutions)		Yes	No
20a	Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20a		Х
b	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 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	!	x
24 8	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a	24a		X
ı	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
•	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		
•	Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year?	24d		
25	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
I	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 Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		Х
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)			
;	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		Х
ı	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
•	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		Х
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 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		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34	Х	
35	a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		х
38	Note. All Form 990 filers are required to complete Schedule O	38	Х	
BA	A.	Form	990 (2016)

Form 990 (2016) Alliance for Gun Responsibility Part V. Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V

Check in deficiency of the contains a response of note to any line in this Fart V	· · ·	• • •	_لــٰ
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	* 34	Yes	No
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2 a 56			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2 b	X	2000
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2300
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a		X
b If 'Yes,' has it filed a Form 990-T for this year?	3 b		
4 a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		Х
b If 'Yes,' enter the name of the foreign country ▶			
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a	200	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6 a	Х	
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b	Х	
7 Organizations that may receive deductible contributions under section 170(c).		8.80	7700
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a		
b If Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file	"		
Form 8282?	7 c	Valletti.	MACA:
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 e		L
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring	7///1984	100	W. C.
organization have excess business holdings at any time during the year?	8	Edit - March	
9 Sponsoring organizations maintaining donor advised funds.		34	
a Did the sponsoring organization make any taxable distributions under section 4966?	9 a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		- West and the second
10 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			
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)			
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	A STREET	paget.se e
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year 12b			4
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?	42-		
Note. See the instructions for additional information the organization must report on Schedule O	13a		李
b Enter the amount of reserves the organization is required to maintain by the states in		7	
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?	14 a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b		
BAA TEEA0105 11/16/16	Form	990 (2016)

Par	tVI ☐ Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes	w, an in	d for					
	Schedule O. See instructions.							
	Check if Schedule O contains a response or note to any line in this Part VI	· · · ·	<u>· · ·</u>	. X				
Sec	tion A. Governing Body and Management	_						
1 a	Enter the number of voting members of the governing body at the end of the tax year		Yes	No				
b	Enter the number of voting members included in line 1a, above, who are independent							
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		X				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		Х				
4								
	since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6	Did the organization have members or stockholders?	6		X				
7 a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more							
	members of the governing body?	7 a	_	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?	7 b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
	The governing body?	8 a	X					
	b Each committee with authority to act on behalf of the governing body?							
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O	9		x				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Reve	<u>nue C</u>	_	<u>}</u>				
			Yes	No				
	Did the organization have local chapters, branches, or affiliates?	10 a		X				
	of Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10 ь						
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11 a	X	OKCOWET A				
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	- 34						
	Did the organization have a written conflict of interest policy? If 'No,' go to line 13	12 a	X_					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12 b	X	<u> </u>				
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this was done	12 c		<u> </u>				
	Did the organization have a written whistleblower policy?	13	X	<u> </u>				
14	Did the organization have a written document retention and destruction policy?	14	X	250076866				
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?							
	a The organization's CEO, Executive Director, or top management official	15a	X_	ļ				
ı	Other officers or key employees of the organization	15 b	4.0040000	X				
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions).			4700				
	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yestani	X				
ŀ	o If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16 b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶							
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) for public inspection. Indicate how you made these available Check all that apply Own website Another's website X Upon request Other (explain in Schedule O)							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements availa the public during the tax year	ble to						
20	State the name, address, and telephone number of the person who possesses the organization's books and records.							
DAA		206)		6737				

Form 990 (2016) Alliance for Gun Respo									47 25120	00 Page 7
Part VII Compensation of Officers, Direct				Key	/ Eı	mple	оує	es, Highest C	47-25129 compensated Er	
Independent Contractors			_							
Check if Schedule O contains a response or Section A. Officers, Directors, Trustees, K										<u> </u>
	<u> </u>								<u>·</u>	
1 a Complete this table for all persons required to be listed organization's tax year	з кероп с	comp	ensa	ation	tor	tne c	aler	ndar year ending w	ith or within the	
 List all of the organization's current officers, director compensation Enter -0- in columns (D), (E), and (F) if no 	ors, trustee compensa	s (w	heth was	er in paid	dıvıd İ	duals	or o	organizations), reg	ardless of amount of	
 List all of the organization's current key employees 	, if any. Se	e in	struc	tions	s for	defir	nitio	n of 'key employee	, *	
 List the organization's five current highest compens who received reportable compensation (Box 5 of Form Worganization and any related organizations 										
 List all of the organization's former officers, key em 	ployees, a	and h	ighe	st co	omp	ensat	ted -	employees who re	ceived more than \$1	00,000
of reportable compensation from the organization and any					46.					
• List all of the organization's former directors or truorganization, more than \$10,000 of reportable compensation.	istees tna tion from ti	t rec he or	eived Gani	o, in zatio	tne on a	capa nd ar	CITY IV re	as a former directo elated organization	or or trustee of the	
List persons in the following order individual trustees or demployees, and former such persons			_				-	-		ed
Check this box if neither the organization nor any rela	ted organı	zatio	n co	mpe	nsa	ted a	пу с	current officer, dire	ctor, or trustee	
				(C)						
(A) Name and Title	(B) Average hours	age is both an officer and a				perso and a	e n	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other
	per week (list any hours for related organiza- tions below dotted line)	or director	_	Officer		Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Zach Silk	4.00									
President	ļ	X		Х			<u> </u>	0.	0.	0.
_(2)_Leesa Manion Secretary	3.00	x		х				0.	0.	0.
(3) Sally Clark	1.00									
Director		X						0.	0.	0.
_(4) Jaime Smith	1.00									
Director		Х						0.	0.	0.
_(5)_Scott_Wang	1.00	,,								
Director	1000	X				<u> </u>		0.	0.	0.
CEO CEO	40.00			Х	Х			63,923.	0.	_
(7) Steven Kessel	1.00	\vdash	\vdash		 -	 	\vdash	03,923.	<u> </u>	0.
Director	<u> </u>	Х						0.	0.	0.
(8)										

<u>(9)</u>

(10)

<u>(11)</u>

<u>(12)</u>

(13)

Part VII Section A. Officers, Directors, Tru	(B)	Key 	Emj			, an	d Highest Con	ipensated E	mployees
			F	(C) Positio	on		(5)	(E)	(E)
(A) Name and title	Average hours per	box,	unless	pers	ore than on is bo ector/tru	lh an	(D) Reportable	(E) Reportable	(F) Estimated
	week (list any						compensation from the organization (W-2/1099-MISC)	compensation from related organization (W-2/1099-MISC)	s compensation
	hours for related	ndividual trustee or director	nstitutional trustee	Officer	employee Key employee	me me	(,	(,	organization and related
	organiza - tions		ona		8				organizations
	below dotted	usie	क्र	- 3	8 1		1		
	line)		8			Former Highest compensated]		
(15)			+	$^{+}$	\dashv	+			
			_	\downarrow	_	\downarrow			
<u>(16)</u>			i						
(17)			-			+			
		<u> </u>				\perp			
<u>(18)</u>	 - -								
(19)	ļ	+-	+	+		+			
						L			
<u>(20)</u>					ļ				
(21)			+		+	┽╌			
(22)									
(23)		-	+	\dashv		+			
(24)									
(25)				+	+	+			
1 b Sub-total.							63,923.		0. 0.
c Total from continuation sheets to Part VII, Section d Total (add lines 1b and 1c)						_	63,923.		0. 0.
Total number of individuals (including but not limited									
from the organization 1									
2. Did the exception but any former offices discontinuous				1			-4		Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in									3 X
4 For any individual listed on line 1a, is the sum of rep	portable co	ompe	nsatio	on a	nd oth	er co	mpensation from		
the organization and related organizations greater t such individual	nan \$150, • • • • •	,0007	if Ye	es, c	omple • • •	te So	chedule J for • • • • • • • • • • • • • • • • • • •		4 X
5 Did any person listed on line 1a receive or accrue of									•
for services rendered to the organization? If 'Yes,' of Section B. Independent Contractors	ompiete S	cnea	uie J	tor s	ucn p	ersor	<u> </u>	· · · · · · · · · · ·	5 X
Complete this table for your five highest compensation from the organization. Report compensation.	ed indepe	enden	t cont	ract	ors tha	at rec	eived more than \$	00,000 of	y vear
(A)			00.0.1		,		(B)		(C)
Name and business addre							Description o		Compensation
Mothership Strategies 800 Cummings Center Ste 357-W				MA MA			Consulting and		227,052.
Johnson Arlege Strategies PO Box 815 NWP Consulting 105 S Main St #332	Olympi Seattl			<u>WA</u> WA			Consulting General Strates		113,400. 230,703.
			-					,,	20077003.
2 Table when students and a state of the sta	h 4.1		A = 41:		-4-)		40 446 Customa 6 144 5
2 Total number of independent contractors (including \$100,000 of compensation from the organization	but not lir ► 3	illed	เอ เทด	se II	sted a	evoa:	e) wno received mo	re man	
ВАА		TEEAC	108 1	1/16/	16				Form 990 (2016)

	Check if Schedule O contains a response or note to any li	ne in this Part VIII			
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Gifts, Grants ilar Amounts	1 a Federated campaigns 1 a b Membership dues 1 b c Fundraising events 1 c 762,570 d Related organizations 1 d				
Contributions, Gift and Other Similar	f All other contributions, gifts, grants, and similar amounts not included above . g Noncash contributions included in lines 1a-1f \$ 52,401. h Total. Add lines 1a-1f				
Program Service Revenue	Business Code 2 a NA 0 c d	0.	0.	0.	0.
Program	f All other program service revenue g Total. Add lines 2a-2f	, , , , , , , , , , , , , , , , , , ,			
	other similar amounts)				
	c Rental income or (loss)				
<u>.</u>	b Less cost or other basis and sales expenses c Gain or (loss)				
Other Revenue	(not including. \$	0			0
	9 a Gross income from gaming activities See Part IV, line 19 a b Less direct expenses b c Net income or (loss) from gaming activities				
	10 a Gross sales of inventory, less returns and allowances				
	b c d All other revenue · · · · · · ·	a v a reason of the days () of		THE REAL PROPERTY OF THE PARTY	
	e Total revenue See instructions	1 255 200		***************************************	

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A)

Sect	tion 501(c)(3) and 501(c)(4) organizations must cor Check if Schedule O contains a res				
Do i	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0.	0.		
2	Grants and other assistance to domestic individuals See Part IV, line 22	0.	0.		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	0.	0.		
4	Benefits paid to or for members	0.	0.		
5	Compensation of current officers, directors, trustees, and key employees	63,923.	25,569.	25,569.	12,785.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	775,170.	601,149.	146,550.	27,471.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0.		0.	
9	Other employee benefits	61,693.	0.	61,693.	0.
10	Payroll taxes	70,360.	49,335.	17,649.	
11	Fees for services (non-employees).		49,333.	17,049.	
• •	Management	43,768.	32,626.	11,142.	0.
	Legal	48,551.	46,763.	1,788.	0.
•	: Accounting	58,298.	50,624.	7,674.	
c	 Lobbying	104,220.	104,220.	0.	0.
•	Professional fundraising services See Part IV, line 17 .	202,225.	A GIVE		202,225.
	Investment management fees	0.	0.	0.	0.
•	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
	Advertising and promotion	1,240,505.	1,194,579.	0.	<u>45,926.</u>
13	Office expenses	40,921.	16,241.	24,680.	0.
14	Information technology	33,425.	23,182.	10,243.	0.
15	Royalties	0.	0.	0.	
16	Occupancy	51,264.	24,887.	26,377.	
17	Travel	<u>67,978.</u>	30,411.	37,567.	0.
18	expenses for any federal, state, or local public officials	0.	0.	0.	0.
	Conferences, conventions, and meetings	124,908.	16,816.	0.	108,092.
20	Interest	0.	0.	0.	0.
21	Payments to affiliates	0.	0.	0.	0.
22	Depreciation, depletion, and amortization		1.7.		
23 24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)	2,088.	127.	1,961.	0.
í	Bank and Transaction Fees	32,187.	0.	0.	32,187.
١	Political Contribution	30,200.	30,200.	0.	0.
	Opinion Research	125,745.	125,745.	0.	<u> </u>
	Signature Gathering	1,367,910.	1,367,910.	0-1	0.
25	·	4,545,339.	3,740,384.	372,893.	432,062.
26					
BAA	\ 	TEEA0110 11			Form 990 (2016)

1 Cash - non-interest-bearing End of year End of year			Check if Schedule O contains a response or note to any line in this Part X			
2 Savings and temporary cash investments 18,085. 3 4,160.				(A) Beginning of year		(B) End of year
3 Piedges and grants receivable, net. 18,085. 3 4,160.	\Box	1	Cash — non-interest-bearing	419,464.	1	219,559.
A Accounts receivable, net		2	· · · · · · · · · · · · · · · · · · ·		2	
Solution Comparison Compa		3	Pledges and grants receivable, net	18,085.	3	4,160.
Part II of Schedule Company Co		4	Accounts receivable, net		4	
Section 4958/(11), persons described in section 4958(6)(318), and contributing employers and sponsoning organizations of section 501(c)(9) voluntary employees beneficiary organizations (see instructions) Complete Part II of Schedule L		5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10b 10c 11 Investments – publicly traded securities 12 Investments – publicly traded securities 13 Investments – program-related See Part IV, line 11 13 Investments – other securities See Part IV, line 11 14 Intangible assets . 15 Other assets. See Part IV, line 11 16 Total assets. See Part IV, line 11 17 Accounts payable and accrued expenses. 33, 789, 17 17 Accounts payable and accrued expenses. 33, 789, 17 18 Grants payable. 19 Deferred revenue 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Cans and other payables to current and former officers, directors, trustees, key employees, injuriest compensated employees, and disqualified persons. Complete Part II of Schedule L 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and ther hiabilities not included on lines 17:-24) Complete Part X of Schedule D 26 Total liabilities. Add lines 17 through 25 27 Total liabilities. Add lines 17 through 25 28 Total liabilities. Add lines 17 through 25 29 Organizations that follow SFAS 117 (ASC 958), check here Imporantly restricted net assets 29 Permanently restricted net assets 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Paid-in or capital surplus, or land, building, or equipment fund 31 Capital stock or fund ba		6	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees'			
10 a Land, buildings, and equipment cost or other basis	2	7	Notes and loans receivable, net		7	
10 a Land, buildings, and equipment cost or other basis	se	8	Inventories for sale or use		8	_
Complete Part VI of Schedule D 10b 10c	As	9	Prepaid expenses and deferred charges		9	
11 Investments — publicly traded securities 11 12 Investments — other securities See Part IV, line 11 12 13 Investments — other securities See Part IV, line 11 13 Investments — program-related See Part IV, line 11 13 14 Intangible assets 14 15 15 15 15 15 16 16 Total assets Add lines 1 through 15 (must equal line 34) 437, 549 16 223,719 17 Accounts payable and accrued expenses 33, 789 17 18 Grants payable 18 19 18 19 19 19 19 19		10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D			
12 Investments — other securities See Part IV, line 11 12 13 Investments — program-related See Part IV, line 11 13 14 Intangible assets .		b	Less accumulated depreciation 10 b		10 c	
13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 437, 549 16 223,719 17 Accounts payable and accrued expenses 33,789 17 18 Grants payable and accrued expenses 33,789 17 18 Grants payable 19 Deferred revenue 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities, including federal income tax, payables to related third parties 24 26 Other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 25 25 25 25 26 Total liabilities. Add lines 17 through 25 33, 789 26 0 0 0 0 0 0 0 0 0		11	Investments – publicly traded securities		11	
14 Intangible assets 14 15 15 15 15 15 15 15		12	Investments – other securities See Part IV, line 11		12	
15 Other assets. See Part IV, line 11		13	Investments – program-related See Part IV, line 11		13	
16		14	Intangible assets		14	
17 Accounts payable and accrued expenses. 33,789. 17 18 18 19 18 19 19 18 19 19		15	Other assets. See Part IV, line 11		15	
17 Accounts payable and accrued expenses. 33,789. 17 18 18 19 18 19 19 18 19 19		16	Total assets. Add lines 1 through 15 (must equal line 34)	437.549.	16	223.719.
18 Grants payable		17	Accounts payable and accrued expenses		17	
20 Tax-exempt bond liabilities		18	· · ·		18	
Secured mortgages and notes payable to unrelated third parties 22 23 24 25 25 26 25 26 27 27 27 27 27 27 27		19	Deferred revenue		19	
23 Secured mortgages and notes payable to unrelated third parties		20	Tax-exempt bond liabilities		20	
23 Secured mortgages and notes payable to unrelated third parties	es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
23 Secured mortgages and notes payable to unrelated third parties	abiliti	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D. 26 Total liabilities. Add lines 17 through 25	7	23	,			
Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D. 26 Total liabilities. Add lines 17 through 25						
Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets			· · · · · · · · · · · · · · · · · · ·			
Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets		26	Total liabilities. Add lines 17 through 25	33,789.	26	0.
Temporarily restricted net assets	8		Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34.		**	
30 Capital stock or trust principal, or current funds	直		•	403,760.		223,719.
Total net assets or fund balances	Ba		•		28	
Total net assets or fund balances	힏	29	·		29	A NO ASSOCIATION AND LOSS OF THE SECOND AND ADDRESS OF THE SECOND ADDRESS OF THE SECOND AND ADDRESS OF THE SECOND ADDRESS OF THE
Total net assets or fund balances	or Fu					
31 Paid-in or capital surplus, or land, building, or equipment fund	ţ	30	· · · · · · · · · · · · · · · · · · ·		30	
32 Retained earnings, endowment, accumulated income, or other funds 32 33 Total net assets or fund balances 403,760. 33 223,719. 34 Total liabilities and net assets/fund balances 437,549. 34 223,719.	ŝ	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
33 Total net assets or fund balances 403,760 33 223,719 34 Total liabilities and net assets/fund balances 437,549 34 223,719	A	32			32	
34 Total liabilities and net assets/fund balances	Ne.	33		403,760.	33	223,719.
DAA			Total liabilities and net assets/fund balances	437,549.	34	

Form 990 (2016)

Forn	n 990 (2016) Alliance for Gun Responsibility 4	7-2512998		Page 12
På	Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	· · · · ·	
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	4,365	298.
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	4,545	339.
3	Revenue less expenses. Subtract line 2 from line 1	. 3	-180	0,041.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	403	3,760.
5	Net unrealized gains (losses) on investments	. 5		
6	Donated services and use of facilities			
7	Investment expenses	. 7		
8	Prior period adjustments	. 8		
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9		
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,			
900	column (B))	. 10	223	<u>3,719.</u>
Fa	rtXII Financial Statements and Reporting			_
	Check if Schedule O contains a response or note to any line in this Part XII	· · · · · · · · ·	· · · · ·	· · · ·
			Y	es No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	X
_	, , ,		6 M 42	* 63
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed of separate basis, consolidated basis, or both.	on a		
	Separate basis Consolidated basis Both consolidated and separate basis			2006 300000
	b Were the organization's financial statements audited by an independent accountant?		2 b	Х
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate		1000	(*) * (*)
	basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis		9.99	
	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audīt,	2 c	x
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir Audit Act and OMB Circular A-133?	gle	3 a	х
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	<u></u>	3 b	
BA	4		Form 99	90 (2016)

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

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

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service

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

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

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

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

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

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

ં • ૬	Section 501(c)(4), (5), or (6) orga	anizations Complete Part III.			
Name	of organization		- -	Employer identifica	ation number
All	iance for Gun Resp	onsibility		47-251299	8
Par	t I-A Complete if the o	rganization is exempt under sect	on 501(c) or is a	section 527 organi	zation.
1	(see instructions for definition	ganization's direct and indirect political camp of 'political campaign activities')	·		
2	Political campaign activity exp	enditures (see ınstructions)		> \$	30,200.
3_	Volunteer hours for political ca	impaign activities (see instructions)	<u></u>		0
Par	t I-B Complete if the o	rganization is exempt under sect	on 501(c)(3).		
1	Enter the amount of any excise	e tax incurred by the organization under sec	tion 4955		
2	Enter the amount of any excise	e tax incurred by organization managers und	ler section 4955		
3		ection 4955 tax, did it file Form 4720 for this			
4 a	Was a correction made?				
	If 'Yes,' describe in Part IV				
Par	t I-C Complete if the or	rganization is exempt under sect	on 501(c) . excep	t section 501(c)(3).	
1		ended by the filing organization for section 52			
2	Enter the amount of the filing of	organization's funds contributed to other organization	anizations for section 5	27 evemnt	
3	Total exempt function expendi	tures Add lines 1 and 2. Enter here and on	Form 1120-POI	•	
4		Form 1120-POL for this year?			
5	Enter the names, addresses a organization made payments. amount of political contribution	nd employer identification number (EIN) of a For each organization listed, enter the amoust received that were promptly and directly disaction committee (PAC). If additional space is	III section 527 political out the filing of	organizations to which the organization's funds. Also	e filing enter the
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization s funds If none, enter-0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization if none, enter 0-
(1)	lliance for Gun Responsibilty Action Fund	119	47-1304996	30,200.	0.
(2)					
(3)					
(4)					
(5)					
(6)	-				

Schedule C (Form 990 or 990-EZ) 2	⁰¹⁶ Alliance fo	r Gun Responsibi	lity	47-251	
Part II-A Complete if section 501	f the organizatio	n is exempt under s	ection 501(c)(3) and	d filed Form 5768 (election under
A Check ► if the film	ng organization belon	gs to an affiliated group (ar	nd list in Part IV each affili	ated group member's na	me.
L2		share of excess lobbying e		J	,
	•	ed box A and 'limited contr	'		
	Limits on Lobbyi	ng Expenditures		(a) Filing organization's totals	(b) Affiliated group totals
1 a Total lobbying expenditu		<u> </u>			<u> </u>
· - ·	•	c opinion (grass roots lobb)	, ,,		
, - ,	•	l 1b)	J/		
	•				
				 -	
• e Total exempt purpose e	xpenditures (add lines	s icana ia)			
f Lobbying nontaxable an both columns	nount. Enter the amou	int from the following table	in 		
If the amount on line 1e, co	lumn (a) or (b) is	The lobbying nontaxable	amount is		
Not over \$500,000	<u> </u>	20% of the amount on line 1e		64 A.	
Over \$500,000 but not over \$	51,000,000	\$100,000 plus 15% of the exces	ss over \$500,000		
Over \$1,000,000 but not over	\$1,500,000	\$175,000 plus 10% of the exces	ss over \$1,000,000		40
Over \$1,500,000 but not over	\$17,000,000	\$225,000 plus 5% of the excess	over \$1,500,000		
Over \$17,000,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$1,000,000			
g Grassroots nontaxable a	amount (enter 25% of	line 1f)			
h Subtract line 1g from line	e 1a If zero or less, e	nter -0			
i Subtract line 1f from line	e 1c If zero or less, er	nter -0			
j If there is an amount oth section 4911 tax for this	ner than zero on eithe year?	r line 1h or line 1i, did the o	rganization file Form 472	0 reporting	· · · Yes No
(Son	ne organizations tha	1-Year Averaging Period t made a section 501(h) e low. See the separate ins	election do not have to d		
	Lobb	ying Expenditures Durin	g 4-Year Averaging Peri	od	
Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2 a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column (e))		Target Control		T	
c Total lobbying expenditures		_			
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e)) · · · ·					
f Grassroots lobbying expenditures					
1266				Schodule C /For	m 990 or 990-E71 2016

Schedule C (Form 990 or 990-EZ) 2016Alliance for Gun Responsibility 47-2512998

Part II B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(Sister and Section 50 I(III).	1.	2)			<u>-</u>	
For e	each 'Yes' response on lines 1a through 1ı below, provide in Part IV a detailed description ə lobbying activity	Yes	No			b) ount	
	o loosymig doubley	res	NO	L	Amo	ount	
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			4			
á	Volunteers?		- S. S. S.				
1	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?						
•	: Media advertisements?		_	2000000	20.000mm mmm	4947014000	***************************************
•	Mailings to members, legislators, or the public?			_			
•	Publications, or published or broadcast statements?						
1	Grants to other organizations for lobbying purposes?						
9	Direct contact with legislators, their staffs, government officials, or a legislative body?						
1	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		-				
i	Other activities?						
j	Total Add lines 1c through 1	788	4 8 C				
2 :	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?	24/10/2004	W.Markey Tr.	111	(* () 1 ()	C. M.C.	
1	olf 'Yes,' enter the amount of any tax incurred under section 4912			-24KWKKX	200000000000000000000000000000000000000	<u> </u>	<u> </u>
	: If Yes,' enter the amount of any tax incurred by organization managers under section 4912						
(If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?	2/22/06/06	2///4659/5550/	32.9%			
Pa	till:A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	. or	2,000		-	
	section 501(c)(6).	(-/(-/					
						Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?					X	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?						_X_
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year						X
Pa	Complete if the organization is exempt under section 501(c)(4), section 501 (6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered 'No,' OR (b) answered 'Yes.'	(c)(5) Part), or s III-A,	iecti line	on 50 3, is	01(c)	
1	Dues, assessments and similar amounts from members		1				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).						
	ı Current year		2 a				
ı	Carryover from last year		2 b				
(; Total		2 c				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?		4				
5	Taxable amount of lobbying and political expenditures (see instructions)		5				
Pa	tilV Supplemental Information						

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

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

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

Name of the organization

Employer identification number

OMB No 1545-0047

2016

Open to Public

4.5 0.5 4.0 0.0 0

Alliance for Gun Responsibility 47-2512998 Fundraising Activities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply X Mail solicitations Solicitation of non-government grants Х b Internet and email solicitations f Solicitation of government grants Х Phone solicitations X Special fundraising events c d X In-person solicitations **b** If 'Yes,' list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (v) Amount paid to (iii) Did fundraiser (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) fundraiser listed in (ii) Activity have custody or control of contributions? (or retained by) or entity (fundraiser) from activity organization column (i) Newman Partners Yes No 1 Χ ,669,632 Fundraising 71,346 2,598,286. Mothership Strategies 2 Х Fundraising 952,473 130,879 821,594. 3 5 6 7 8 9 10 3,622,105 3,419,880. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing <u>Washington</u>

Schedule G (Form 990 or 990-EZ) 2016 Alliance for Gun Responsibility 47-2512998 Pa

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

R			(a) Event #1 Luncheon (event type)	(b) Event #2 Shirley House Party (event type)	(c) Other events 10 (total number)	(d) Total events (add column (a) through column (c))
MCZM <mz< th=""><th>1</th><th>Gross receipts</th><th>662,434.</th><th>65,600.</th><th>113,478.</th><th>841,512.</th></mz<>	1	Gross receipts	662,434.	65,600.	113,478.	841,512.
Ē	2	Less Contributions	60,000.	6,600.	19,110.	85,710.
	3	Gross income (line 1 minus line 2)	602,434.	59,000.	94,368.	755,802.
	4	Cash prizes				
_	5	Noncash prizes				
DIRECT	6	Rent/facility costs	13,332.			13,332.
	7	Food and beverages	71,111.	6,695.	20,200.	98,006.
EXPERSES	8	Entertainment				
N S	9	Other direct expenses				
ร	10	Direct expense summary. Add lines 4 throu				111,338.
	11	Net income summary. Subtract line 10 from				644,464.
Par	t III	Gaming. Complete if the organizat \$15,000 on Form 990-EZ, line 6a.	ion answered 'Yes'	on Form 990, Part I	V, line 19, or reporte	ed more than
R E V E N U E			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
Ü	1	Gross revenue				
Е	2	Cash prizes				
D X I P R E	3	Noncash prizes				
D I R E C T S	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes %	Yes %	Yes %	
	7	Direct expense summary. Add lines 2 throu	ıgh 5 ın column (d)			
	8	Net gaming income summary Subtract line	7 from line 1, column (o	i)		
	alst		activities in each of these			
		re any of the organization's gaming licenses	revoked, suspended or t	erminated during the tax	year?	Yes No

Sch	medule G (Form 990 or 990-EZ) 2016 Alliance for Gun Responsibility 47-251	2998	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		
	a The organization's facility		용
	b An outside facility		ૄ
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ►		
	Address •		
ļ	a Does the organization have a contract with a third party from whom the organization receives gaming revenue? b If Yes,' enter the amount of gaming revenue received by the organization \$\sim\sigma_{\text{=}}\sigma_{\text{=}}\text{=}\text{=}\text{and the amount of gaming revenue retained by the third party}\$\sim\sigma_{\text{=}}\sigma_{\text{=}}\text{=}\text{or} \text{=}\text{=}\text{=}\text{=}\text{=}\text{=}\text{=}\text{or} \text{=}\text{=}\text{or} \text{=}\text{or} \text{=}\text{or} \text{=}\text{or} \text{=}\text{or} \text{=}\text{or} \text{=}\text{or} \text{=}\text{or} \text{=}\text{or} \text{or} \text{or} \text{=}\text{or} \text{or} \text	nt	No
	Name •		· ₁
	Address		_ i
16	Gaming manager information		
	Name		. - :
	Gaming manager compensation ► \$		
	Description of services provided	 _	
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
i	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	Tyes	No
	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		_
- /-	organization's own exempt activities during the tax year \$		
<u>[P</u> a	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	and (v);	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2016

Employer identification number

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Alliance for Gun	Responsibility	47-2512998
	The organization was formed in late 2014 to make towards reducing gun violence. This is being a supporting legislation as well as growing a citi	accomplished through zens movement to support
Pt VI, Line la	policies that reduce gun violence. See also the filed in late 2015.	e iks form 2014 that was
ic vi, bine id	The Form 990 is reviewed by the Executive Direct	ctor and distributed
Pt VI, Line 11b	electronically to each board member for comment Board members are asked to update their conflict	
Pt VI, Line 15b	annually.	
	Compensation for the Executive Director is set committee of the board and is based on job duti	-
Pt VI, Line 15a	salaries of other organizations.	
Pt VI, Line 19	Documents are available from the organization to	ipon request.

SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

⊗¦

ල¦

 Ξ'

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.

► Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public

(g) Sec 512(b)(13) controlled entity? ŝ (f)
Direct controlling
entity Yes Partill Identification of Related Tax-Exempt Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. Employer identification number (f) Direct controlling entity 47-2512998 (e) End-of-year assets (e)
Public charity status
(if section 501(c)(3)) িইনীস্থী Identification of Disregarded Entities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 33. (d) Total income (d) Exempt Code section (c)
Legal domicile (state or foreign country) 501c3 (c)
Legal domicile (state or foreign country) (b) Primary activity Research and education to reduce gun violence (b) Primary activity (a) (a) Name, address, and EIN (if applicable) of disregarded entity (1) Alliance for Gun Responsibility Foundation (a) Name, address, and EIN of related organization Alliance for Gun Responsibility __Seattle,_WA_98111_ _ PO_Box_21712. 46-4601368 Name of the organization

Schedule R (Form 990) 2016

TEEA5001 09/09/16

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

₹

ଫ୍ର

ন্ত্ৰ

47-2512998

Schedule R (Form 990) 2016

(k) Percentage ownership (i) Sec 512(b)(13) controlled entity? Schedule R (Form 990) 2016 å Partive 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. Yes (I) General or managing partner? ŝ | Parill | Identification of Related Organizations Taxable as a Partnership Complete if the organization answered 'Yes' on Form 990, Part IV, line because it had one or more related organizations treated as a partnership during the tax year. (h) Percentage ownership Yes Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) (g) Share of end-of-year assets (h)
Disproportionate
allocations? ŝ Yes (f) Share of total income (g) Share of end-of-year assets (e)
Type of entity
(C corp, S corp, or trust) (f) Share of total income (d) Direct controlling entity TEEA5002 09/09/16 (e)
Predominant income (related, unrelated, excluded from lax under sections 512-514) (c)
Legal domicile
(state or foreign country) (d)
Direct
controlling
entity (b) Primary activity (c) Legal domicile (state or foreign country) (a) Name, address, and EIN of related organization (b)
Primary activity (a)
Name, address, and EIN of related organization 1 BAA E ପ୍ $\mathbf{\Xi}_{\mathbf{i}}^{l}$ 2 2 ල¦

Page 3

Schedule R (Form 990) 2016 Alliance for Gun Responsibility
Rackive Transactions With Related Organizations. Complete if the organization answered 'Yes' on Form 990, Part IV, line 34, 35b, or 36.
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule

			V 1 V 1	1
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	()		20	1/2
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV or	s listed in Parts II-IV			%
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			ж К	- 1
b Gift, grant, or capital contribution to related organization(s)			1b X	- 1
c Gift grant, or capital contribution from related organization(s)			. 1c ×	
-			>	ı
d Loans or loan guarantees to or for related organization(s)				1
e Loans or loan guarantees by related organization(s)			. Te	F
				100000
f Dividends from related organization(s)			11 ×	
			1g ×	
Desired of secrets from soluted preparation(s)				1
	·			1
i Exchange of assets with related organization(s)				- 1
i Lease of facilities, equipment, or other assets to related organization(s)				
				300
k Lease of facilities equipment or other assets from related organization(s)				9
ted			1	ı
			- T	1
			>	1
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			< ;	ı
o Sharing of paid employees with related organization(s)			10 X	E
				W. S.
p Reimbursement paid to related organization(s) for expenses			- d-	
a Reimbursement paid by related organization(s) for expenses			. 1q ×	1
				25/2
• Other transfer of each or preparty to related erganization(c)			1r ×	9
				1
, n				1
2 If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	ered relationships and trar	saction thresholds.		ı
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	
	()-16			1
(1) Alliance for Gun Responsibility Foundation	Staff payroll/payroll taxes	179,333.	FMV based on staff hour tracking	
	Staff Madical Incurance	7 639	M based on narrantana of navroll	
(z) Alliance for bun Responsibility Foundation	מרמדו וובתדכמו דוופתדמווכר		ייין החברת מון להובחורים לה החברת ביי	al .
(3) Alliance for Gun Responsibility Foundation	Office Space Rent	12,073.	FMV	1
(4) Alliance for Gun Responsibility Foundation	Dffice Supply/Equipment	21,102.	FMV	
(5)				
				ı
(b) BAA TEEA5003 09/09/16	-	Sched	Schedule R (Form 990) 2016	1

47-2512998

Schedule R (Form 990) 2016 Alliance for Gun Responsibility

Parkivir 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

revenue) that was not a related organization. See Instructions regarding excusion for certain investment partitions	Ization See Instruc	lions regalding excit	USION IOI CERTAIN III	vestillerit partit	2010	!					
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Predominant income (related, unre-	(e) Are all partners section 501(c)(3)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V-UBI amount in box 20 of Schedule	(j) General or managing partner?		(k) Percentage ownership
			lated, excluded from tax under	organizations?	_					_	
			sections 512-514)	Yes No			Yes No		Yes	8 8	
(1)		i 			-				_		
			_								
							_				
										_	
					_						
(3)											
				-	,				_	·	!
(4)											
(5)											}
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1											
! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !											
											İ
(7)											
					_	-					
						•					ļ
(8)											
ВАА			詽	TEEA5004 09/09/16				Schedu	Schedule R (Form 990) 2016	um 990)	2016

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

The Alliance for Gun Responsibility acted as the payroll provider for both the Alliance for Gun Responsibility and the the Alliance for Gun

both the Alliance for Gun Responsibility and the the Alliance for Gun Responsibility Foundation. The remainder of of the payroll costs as shown on the Alliance for Gun Responsibility w3 will be recorded on the Alliance for Gun Responsibility Foundation 990.