Short Form
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A. For the 2014 calendar year, or tax year beginning __Dec 10__, 2014, and ending __Dec 31__, 2014__

B. Check if applicable:
   Address change
   Initial return
   Final return/terminated
   Amended return
   Application pending

C. Name of organization: Alliance for Gun Responsibility
   Number and street (or P O box, if mail is not delivered to street address)
   City or town, state or province, country, and ZIP or foreign postal code
   Room/suite

D. Employer identification number 47-2512998
E. Telephone number (206) 382-5552
F. Group Exemption Number __________

G. Accounting Method: [ ] Cash [X] Accrual [ ] Other (specify) □

H. Check □ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J. Tax-exempt status (check only one) □ 501(c)(3) □ 501(c)(4) □ 501(c)(7) □ 4947(a)(1) or ___ 527

K. □ Corporation [X] Trust □ Association □ Other

L. Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are $200,000 or more, or if total assets (Part II, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ. __________ $ 95,000.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

1. Contributions, gifts, grants, and similar amounts received __________ 95,000.
2. Program service revenue including government fees and contracts __________
3. Membership dues and assessments __________
4. Investment income __________
5. a. Gross amount from sale of assets other than inventory __________ 5a
   b. Less: cost or other basis and sales expenses __________ 5b
   c. Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) __________ 5c
6. Gaming and fundraising events
   a. Gross income from gaming (attach Schedule G if greater than $15,000) __________ 6a
   b. Gross income from fundraising events (not including $ of contributions
      from fundraising events reported on line 1) (attach Schedule G if the sum
      of such gross income and contributions exceeds $15,000) __________ 6b
   c. Less: direct expenses from gaming and fundraising events __________ 6c
   d. Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) __________ 6d
7. a. Gross sales of inventory, less returns and allowances __________ 7a
   b. Less: cost of goods sold __________ 7b
   c. Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) __________ 7c
8. Other revenue (describe in Schedule O) __________
9. Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 __________ 95,000.
10. Grants and similar amounts paid (list in Schedule O) __________
11. Benefits paid to or for members __________
12. Salaries, other compensation, and employee benefits __________
13. Professional fees and other payments to independent contractors __________
14. Occupancy, rent, utilities, and maintenance __________
15. Printing, publications, postage, and shipping __________
16. Other expenses (describe in Schedule O) __________
17. Total expenses. Add lines 10 through 16 __________ 95,000.
18. Excess or (deficit) for the year (Subtract line 17 from line 9) __________ 18
19. Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) __________ 19
20. Other changes in net assets or fund balances (explain in Schedule O) __________ 20
21. Net assets or fund balances at end of year. Combine lines 18 through 20 __________ 95,000.

BAA For Paperwork Reduction Act Notice, see the separate instructions.
### Part II. Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II.

<table>
<thead>
<tr>
<th>22</th>
<th>Cash, savings, and investments</th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>0. 22</td>
<td>95,000.</td>
</tr>
<tr>
<td>23</td>
<td>Land and buildings</td>
<td>0. 23</td>
<td>0.</td>
</tr>
<tr>
<td>24</td>
<td>Other assets (describe in Schedule O)</td>
<td>0. 24</td>
<td>0.</td>
</tr>
<tr>
<td>25</td>
<td>Total assets</td>
<td>25</td>
<td>95,000.</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities (describe in Schedule O)</td>
<td>0. 26</td>
<td>0.</td>
</tr>
<tr>
<td>27</td>
<td>Net assets or fund balances (line 27 of column (B) must agree with line 21)</td>
<td>27</td>
<td>95,000.</td>
</tr>
</tbody>
</table>

### Part III. Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III.

What is the organization's primary exempt purpose? See Organization's Primary Exempt Purpose

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses, in a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 Organization was formed in late 2014. No program activities to date.

(Grants $ 0.) If this amount includes foreign grants, check here

29

(Grants $ ) If this amount includes foreign grants, check here

30

(Grants $ ) If this amount includes foreign grants, check here

31 Other program services (describe in Schedule O).

(Grants $ ) If this amount includes foreign grants, check here

32 Total program service expenses (add lines 28a through 31a).

### Part IV. List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

<table>
<thead>
<tr>
<th>(a) Name and title</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Forms W-2/1099-MISC) (If not paid, enter -0-)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
<th>(e) Estimated amount of other compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cheryl Stumbo</td>
<td>President</td>
<td>5.00</td>
<td>0.</td>
<td>0.</td>
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<tr>
<td>Beth Flynn</td>
<td>Secretary</td>
<td>2.00</td>
<td>0.</td>
<td>0.</td>
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<tr>
<td>Phillip Lloyd</td>
<td>Treasurer</td>
<td>2.00</td>
<td>0.</td>
<td>0.</td>
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</tbody>
</table>
33 Did the organization engage in any significant activity not previously reported to the IRS? 
   Yes ☐ No ☑

34 Were any significant changes made to the organization or governing documents? If "Yes," attach a certified copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).
   Yes ☐ No ☑

35a Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?
   Yes ☐ No ☑

35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O.
   Yes ☐ No ☑

35c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III.
   Yes ☐ No ☑

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.
   Yes ☐ No ☑

37a Enter amount of political expenditures, direct or indirect, as described in the instructions.
   Yes ☐ No ☑

37b Did the organization file Form 1120-POL for this year?
   Yes ☐ No ☑

38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?
   Yes ☐ No ☑

39 Section 501(c)(7) organizations. Enter:
   a Initiation fees and capital contributions included on line 9.
   Yes ☐ No ☑
   b Gross receipts, included on line 9, for public use of club facilities.
   Yes ☐ No ☑

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ☐ section 4912 ☐ section 4955 ☐
   b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.
   Yes ☐ No ☑

40b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958.
   Yes ☐ No ☑

40c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization.
   Yes ☐ No ☑

40d All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.
   Yes ☐ No ☑

41 List the states with which a copy of this return is filed.

42a The organization's books are in care of Philip Lloyd Telephone no. (206) 382-5552 Located at 603 Stewart Street Suite 819 Seattle WA ZIP 98101
   Yes ☐ No ☑

42b 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)?
   Yes ☐ No ☑

42c If "Yes," enter the name of the foreign country.

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)

42d At any time during the calendar year, did the organization maintain an office outside the U.S.?
   Yes ☐ No ☑

   If "Yes," enter the name of the foreign country.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here.
   Yes ☐ No ☑

44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.
   Yes ☐ No ☑

44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ.
   Yes ☐ No ☑

44c Did the organization receive any payments for indoor tanning services during the year?
   Yes ☐ No ☑

44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments?
   Yes ☐ No ☑

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
   Yes ☐ No ☑

45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).
   Yes ☐ No ☑
Form 990-EZ (2014)  Alliance for Gun Responsibility  47-2512998

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If ‘Yes,’ complete Schedule C, Part I

Part VI

Section 501(c)(3) organizations only
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 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

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If ‘Yes,’ complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

49b If ‘Yes,’ was the related organization a section 527 organization?

50 Complete this table for the organization’s five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization if there is none, enter “None.”

<table>
<thead>
<tr>
<th>(a) Name and title of each employee</th>
<th>(b) Average hours per week devoted to position</th>
<th>(c) Reportable compensation (Form W-2/1099-MISC)</th>
<th>(d) Health benefits, contributions to employee benefit plans, and deferred compensation</th>
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f Total number of other employees paid over $100,000

51 Complete this table for the organization’s five highest compensated independent contractors who each received more than $100,000 of compensation from the organization if there is none, enter “None.”

<table>
<thead>
<tr>
<th>(a) Name and business address of each independent contractor</th>
<th>(b) Type of service</th>
<th>(c) Compensation</th>
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d Total number of other independent contractors each receiving over $100,000

52 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations must attach a completed Schedule A.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

Type of or print name and title

Date

Paid Preparer Use Only

Preparer’s name

Preparer’s signature

Date

Check □ if self-employed

PTIN

Phone no

May the IRS discuss this return with the preparer shown above? See instructions.
Advocate for Policies to Reduce Gun Violence