** PUBLIC DISCLOSURE COPY **

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

Department of the Treasury

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<u>A F</u>	or th	e 2021 calendar year, or tax year beginning and	ending						
	heck if pplicab			D Employer identific	cation number				
	Addre	LONG LIVE THE KINGS							
	Name			91-13539	82				
	Initial		Room/suite	E Telephone number					
	Final returr	1326 ETEMU AVENITE	450	206-382-	9555				
	termi ated			G Gross receipts \$	2,856,559.				
	Amer returr			H(a) Is this a group re	eturn				
	Appli tion	F Name and address of principal officer: UACQUES WHITE		for subordinates	? Yes X No				
	pend	^{ng} SAME AS C ABOVE		H(b) Are all subordinates in					
		empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527	If "No," attach a	a list. See instructions				
		te: ► WWW.LONGLIVETHEKINGS.ORG		H(c) Group exemption					
		f organization: X Corporation	L Year	of formation: 1986 N	1 State of legal domicile: WA				
Pa	ırt I	Summary							
Φ	1	Briefly describe the organization's mission or most significant activities: $\[\underline{TO}\]$ R	ESTORE	WILD SALMON	N AND				
ů		STEELHEAD AND SUPPORT SUSTAINABLE FISHING							
Governance	2	Check this box if the organization discontinued its operations or dispose	sed of more	1 1					
ŏ	3			3	23				
<u>«</u>	4	Number of independent voting members of the governing body (Part VI, line 1b)			23				
ies	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)			24				
Activities &	6	Total number of volunteers (estimate if necessary)			0.				
Ac	l			7a 7b	0.				
	B	Net unrelated business taxable income from Form 990-T, Part I, line 11		Prior Year	Current Year				
	8	Contributions and grants (Part VIII, line 1h)		2,538,887.	2,811,571.				
ue	9			0.	0.				
Revenue	10	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,677.	2,548.				
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-9,922.	-4,728.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,531,642.	2,809,391.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	7,500.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
Ø	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,432,256.	1,416,169.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		173.	32,750.				
ę	b	Total fundraising expenses (Part IX, column (D), line 25) 285,9	55.						
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		651,662.	809,862.				
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,084,091.	2,266,281.				
	19	Revenue less expenses. Subtract line 18 from line 12		447,551.	543,110.				
Net Assets or			Ве	eginning of Current Year	End of Year				
sset	20	Total assets (Part X, line 16)		1,656,714.	1,927,571.				
et A	21	Total liabilities (Part X, line 26)		851,811.	563,773.				
	ırt II	Net assets or fund balances. Subtract line 21 from line 20		804,903.	1,363,798.				
		alties of perjury, I declare that I have examined this return, including accompanying schedule	o and atatam	anto and to the heat of mu	knowledge and helief it is				
	-	ances of perjury, if declare that i have examined this return, including accompanying schedule ct, and complete. Declaration of preparer (other than officer) is based on all information of wl			knowledge and belief, it is				
uu,	COITE	t, and complete. Declaration of preparer (other than officer) is based on an information of wi	ilicii pi epai ei	ilas ally kilowieuge.					
Sign	1	Signature of officer		Date					
Her		ALLEGRA HORIOKA, FINANCE DIRECTOR							
	_	Type or print name and title							
		Print/Type preparer's name Preparer's signature		Date Check	PTIN				
Paid			PA 1	1/12/22 if self-employ	P01469618				
Prep	arer	Firm's name CLIFTONLARSONALLEN LLP			41-0746749				
	Only	Firm's address 10700 NORTHUP WAY, SUITE 200							
	-	BELLEVUE, WA 98004		Phone no 42	5-250-6100				

X Yes

May the IRS discuss this return with the preparer shown above? See instructions

132002 12-09-21

Form 990 (2021)

Form 990 (2021) LONG LIVE THE KINGS 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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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		Х
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 Rev. Proc. 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	<u> </u>		
·	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,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
0	Schedule D, Part III	-		
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?			x
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	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, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	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	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
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		X
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			
	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		X
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	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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
-	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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	

032-2081

91-1353982

Form 990 (2021) LONG LIVE THE KINGS

Part IV | Checklist of Required Schedules (continued)

	Continued)		V	Na
00	Did the averagination was at asset than \$5,000 of average as at least an element is individual.		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			х
00	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		
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		Х	
04 -	Schedule J	23		
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			x
	Schedule K. If "No," go to line 25a	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
	any tax-exempt bonds? Did the exemptation act as an long behalf of lineaux for bonds outstanding at any time during the year?	24c 24d		_
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240		_
2 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		x
h	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	230		
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		26		x
27	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) 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 the Schedule L, Part IV,	21		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
•	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
а		28a		х
h	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Х	
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	200		
·	"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	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		х
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>		
-	Cabadida N. Davit 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
34	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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pa	T V Statements Regarding Other IRS Filings and Tax Compliance	_		
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С				
	(gambling) winnings to prize winners?	1c	X	
132004	¥ 12-09-21	Form	990	(2021)

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a 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 Х **b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions. Х 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? За **b** If "Yes," has it filed a Form 990-T for this year? *If* "No" to line 3b, provide an explanation on Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? Х 4a **b** If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Х **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). Х Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a Х 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required X to file Form 8282? 7с 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? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a **b** If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans Enter the amount of reserves on hand X Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or X excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N. X Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? 17

Form **990** (2021)

If "Yes," complete Form 6069.

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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 23 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. 23 **b** Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 Х of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 Х 6 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? Х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο 10a Did the organization have local chapters, branches, or affiliates? 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? Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? 14 Х 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Х 15a Х Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a Х taxable entity during the year? 16a b 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? 16h Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply X Other (explain on Schedule O) Another's website X Upon request Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ALLEGRA HORIOKA - 206-382-9555

98101

WA

1326 FIFTH AVENUE, 450, SEATTLE.

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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

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

Check this box if neither the organization nor any related of			(C)							(E)
(A) Name and title	(B)			ر) Pos		1		(D) Reportable	(E) Reportable	(F) Estimated
Name and title	Average hours per		(do not check more than one box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week					from	from related	other		
	(list any	ctor						the	organizations	compensation
	hours for	r dire				ted		organization	(W-2/1099-MISC/	from the
	related	stee o	ruste			eusa		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al tru	onal t		ploye	comi		1099-NEC)		and related
	below line)	Individual trustee or director	In stit utio nal tru stee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JACQUES WHITE	40.00	드	드	J0	જ	포등	요			
EXECUTIVE DIRECTOR	40.00	1		Х				130,574.	0.	21,087.
(2) MINTA CRAFTS	40.00								•	
DEVELOPMENT DIRECTOR		1				x		105,658.	0.	13,991.
(3) MARIE MENTOR	2.00							,		•
PRESIDENT AND PAST PRESIDENT		Х		Х				0.	0.	0.
(4) JJ GOULD	0.50									
VICE PRESIDENT AND PRESIDENT		Х		Х				0.	0.	0.
(5) LISA SEEB	0.50									
BOARD MEMBER & VICE PRESIDENT		Х		Х				0.	0.	0.
(6) SHERI WARD	0.60									
SECRETARY (THROUGH DEC 2021)		Х		Х				0.	0.	0.
(7) MICHAEL VOEGTLIN	0.80								_	_
BOARD MEMBER & SECRETARY		Х		Х				0.	0.	0.
(8) BRIAN BOGEN	0.80									
TREASURER		Х		Х				0.	0.	0.
(9) GERRY ADAMS	0.40									
BOARD MEMBER		Х						0.	0.	0.
(10) TOM ALBERG	0.20	.,								•
BOARD MEMBER	0.50	Х						0.	0.	0.
(11) DOUGLAS BOYDEN	0.50	3,7							_	•
BOARD MEMBER	0.50	Х						0.	0.	0.
(12) MICHAEL DEVANEY BOARD MEMBER	0.50	Х						0.	0.	0.
(13) NORM DICKS	0.30	Λ						0.	0.	0.
BOARD MEMBER	0.30	Х						0.	0.	0.
(14) DAVID DUFENHORST	0.20							0.	0.	0.
BOARD MEMBER	0.20	Х						0.	0.	0.
(15) SCOTT GRIMM	0.50								•	5 •
BOARD MEMBER	3130	х						0.	0.	0.
(16) LEAH HAIR	0.70	T-								
BOARD MEMBER		х						0.	0.	0.
(17) SARAH HANKE	0.40									
BOARD MEMBER		Х						0.	0.	0.

Form **990** (2021)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
Geotion Ai Omocro, Bireotoro, True		лоу	 ,			gnes	, C		,	(E)
(A) Name and title	(B) Average hours per week	box	Position (do not check more than one box, unless person is both an officer and a director/trustee)			than o	n an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) BOB JIRSA	0.60									
BOARD MEMBER		Х						0.	0.	0.
(19) GAYLORD KELLOGG	0.50									
BOARD MEMBER		Х						0.	0.	0.
(20) JAMES KRAFT	0.70									
BOARD MEMBER		Х						0.	0.	0.
(21) DEBRA LEKANOFF	0.20									
BOARD MEMBER (THROUGH NOV 2021)		Х						0.	0.	0.
(22) DOUG LITTLE	1.10									
BOARD MEMBER		Х						0.	0.	0.
(23) JACK O'CONNOR	0.30									
BOARD MEMBER		Х						0.	0.	0.
(24) TOM SCHADT	0.60									
BOARD MEMBER		Х						0.	0.	0.
(25) AIMEE SIMPSON	0.20									
BOARD MEMBER		X						0.	0.	0.
(26) PHIL STALCUP	0.50									
BOARD MEMBER		Х						0.	0.	0.
1b Subtotal							▶	236,232.	0.	35,078.
c Total from continuation sheets to Part VI	I, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							_	236,232.	0.	35,078.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization

Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

5 X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
KLEINSCMIDT ASSOCIATES, 141 MAIN STREET, P.O. BOX 650, PITTSFIELD, ME 04967	SCIENTIFIC RESEARCH	109,185.
Total number of independent contractors (including but not limited to those lister		

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2021)

\$100,000 of compensation from the organization

Form 990 LONG LIV	E THE KI	.NG	S						91-135	3982
Part VII Section A. Officers, Directors, Tr	ustees, Key Er	nplo	yee	s, a	nd F	ligh	est (Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours			(e Pos	C) ition	ļ		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line) Highest combensated embloyee		Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations				
(27) TIM THOMPSON	0.20	77								0
BOARD MEMBER (THROUGH NOV 2021) (28) DAVID TROUTT	0.20	Х						0.	0.	0.
BOARD MEMBER	0.20	Х						0.	0.	0
	1	Ī	ı	I	I	I	ı	1		

91-1353982

Form 990 (2021)
Part VIII

VIII	Statement of I	Revenue
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		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
				(A)	(B) Related or exempt	(C) Unrelated	(D) Revenue excluded
				Total revenue		business revenue	from tax under
							sections 512 - 514
ts st		Federated campaigns 1a					
irar our		Membership dues 1b					
s, (Am			<u>277,593.</u>				
aif.		Related organizations 1d	505 005				
Contributions, Gifts, Grants and Other Similar Amounts			627,226.				
tio S	f	All other contributions, gifts, grants, and	006 850				
ibu He			906,752.				
o dr	g	Noncash contributions included in lines 1a-1f 1g \$	78,601.	0.11 551			
<u>g g</u>	h	Total. Add lines 1a-1f		2,811,571.			
			Business Code				
ce	2 a						
ervi Je	b						
n S	С						
ar Rev	d						
Program Service Revenue	е						
Δ.		All other program service revenue					
_		Total. Add lines 2a-2f					
	3	Investment income (including dividends, intere		2 540			2 540
	_	other similar amounts)		2,548.			2,548.
	4	Income from investment of tax-exempt bond p					
	5	Royalties(i) Real	(ii) Personal				
	•		(II) Fersonal				
		Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
		Net rental income or (loss) Gross amount from sales of (i) Securities	(ii) Other				
	<i>i</i> a	aross arrount from saids of	(ii) Other				
	L	assets other than inventory Ta					
Φ	b	Less: cost or other basis					
ther Revenue	_	and sales expenses					
eve		Gain or (loss) 7c					
<u>بر</u> ا		Net gain or (loss) Gross income from fundraising events (not					
¥	o a	including \$ of					
Ò		contributions reported on line 1c). See					
			42,440.				
	h	Less: direct expenses 8b					
		Net income or (loss) from fundraising events	<u> </u>	-4,728.			-4,728.
		Gross income from gaming activities. See					
		Part IV, line 19 9a					
	b	Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		Gross sales of inventory, less returns					
		and allowances 10a					
	b	Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory	>				
-			Business Code				
sno 3	11 a						
ane	b						
Miscellaneous Revenue	С						
Aisc B	d	All other revenue					
	е	Total. Add lines 11a-11d					
	12	Total revenue. See instructions	<u> </u>	2,809,391.	0.	0.	-2,180.

Form 990 (2021) LONG LIVE THE KINGS Part IX Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must compl Check if Schedule O contains a respons				X
	not include amounts reported on lines 6b, 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	7,500.	7,500.		
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,	150 170		150 170	
	trustees, and key employees	150,170.		150,170.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	1,016,607.	700,089.	141,307.	175 011
7	Other salaries and wages	Ι, υΙΟ, Ου / •	100,009.	141,30/•	175,211.
8	Pension plan accruals and contributions (include	44,699.	37,715.	576.	6 100
_	section 401(k) and 403(b) employer contributions)	100,576.	86,691.	1,324.	6,408. 12,561.
9	Other employee benefits	100,576.	64,285.	22,016.	17,816.
10	Payroll taxes	104,117.	04,203.	22,010.	17,010.
11	Fees for services (nonemployees):				
a	Management	5,318.		5,318.	
b		20,687.		20,687.	
_	Accounting	20,007.		20,007.	
d e		32,750.			32,750.
f	Investment management fees	32,730.			32,730
g					
9	column (A), amount, list line 11g expenses on Sch 0.)	481,644.	459,643.	12,212.	9,789.
12	Advertising and promotion		100,0101		27.020
13	Office expenses	119,966.	84,941.	22,701.	12,324.
14	Information technology		0 = 7 0 = = 1		
15	Royalties				
16	Occupancy	96,380.	20,192.	68,624.	7,564.
17	Travel	19,368.	17,700.	741.	927.
18	Payments of travel or entertainment expenses	,	, i		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	7,226.	1,923.	5,248.	55.
20	Interest	-	-		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	6,294.	4,580.	1,714.	
23	Insurance	14,269.	13,219.	1,050.	
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 O.)				
а	MISCELLANEOUS	38,710.	1,130.	27,030.	10,550.
b		,	,	,	
C					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,266,281.	1,499,608.	480,718.	285,955.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Pa	rt X	Balance Sneet					
		Check if Schedule O contains a response or n	ote to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			783,049.	1	815,213
	2	Savings and temporary cash investments			494,540.	2	543,561
	3	Pledges and grants receivable, net		346,468.	3	422,417	
	4	Accounts receivable, net			4		
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th		5			
	6	Loans and other receivables from other disqua	alified pe	rsons (as defined			
		under section 4958(f)(1)), and persons describ	ed in sec	tion 4958(c)(3)(B)		6	
S.	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9				21,859.	9	25,228
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	. 10a	33,174.			
	b	Less: accumulated depreciation	. 10b	28,671.	10,798.	10c	4,503 116,649
	11	Investments - publicly traded securities				11	116,649
	12	Investments - other securities. See Part IV, line	11			12	
	13	Investments - program-related. See Part IV, lin	e 11			13	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must ed	qual line (33)	1,656,714.	16	1,927,571
	17	Accounts payable and accrued expenses		216,001.	17	162,410	
	18	Grants payable			18		
	19	Deferred revenue	43,131.	19	1,363		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	e Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or for					
Ě		trustee, key employee, creator or founder, sub					
Liabilities		controlled entity or family member of any of the		150 000	22	150 000	
_	23	Secured mortgages and notes payable to unre	150,000.	23	150,000		
	24	Unsecured notes and loans payable to unrelat			250,000.	24	250,000
	25	Other liabilities (including federal income tax, p	-				
		parties, and other liabilities not included on lin	es 17-24). Complete Part X	100 670		0
		of Schedule D			192,679.	25	<u> </u>
	26			\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	851,811.	26	563,773
s		Organizations that follow FASB ASC 958, cl	neck her	e ▶ 🛕			
Se.		and complete lines 27, 28, 32, and 33.			471 CEO		005 240
aa	27	Net assets without donor restrictions	471,658.	27	985,340		
Ä	28	Net assets with donor restrictions	333,245.	28	378,458		
Ĕ		Organizations that do not follow FASB ASC	eck here				
P.		and complete lines 29 through 33.					
)ts	29	Capital stock or trust principal, or current fund				29	
Net Assets or Fund Balances	30	Paid-in or capital surplus, or land, building, or				30	
et A	31	Retained earnings, endowment, accumulated			804,903.	31	1,363,798
ž	32	Total liabilities and not see to find balances		l l	1,656,714.	32	
	33	Total liabilities and net assets/fund balances			1,000,/14.	33	1,927,571

Pai	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)		2,80		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,26		
3	Revenue less expenses. Subtract line 2 from line 1	3			10.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	804,		
5	Net unrealized gains (losses) on investments	5	1	5,7	<u>85.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	1,36	3,7	<u>98.</u>
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on 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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis 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	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	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?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2021)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Employer identification number Name of the organization LONG LIVE THE KINGS 91-1353982 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2431758.	2872435.	2624104.	2538887.	2811571.	13278755.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2431758.	2872435.	2624104.	2538887.	2811571.	13278755.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						13278755.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	2431758.	2872435.	2624104.	2538887.	2811571.	13278755.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	613.	499.	2,363.	2,677.	2,548.	8,700.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	2,715.	830.	35,370.	29,474.		110,829.
11	Total support. Add lines 7 through 10						13398284.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	16,800.
13	First 5 years. If the Form 990 is for the	-		· · · · · · · · · · · · · · · · · · ·			
	organization, check this box and stop	here	······				.
Sec	ction C. Computation of Publi					T I	00 11
14	Public support percentage for 2021 (li					14	99.11 %
15	Public support percentage from 2020					15	99.43 %
16a	33 1/3% support test - 2021. If the c						
	stop here. The organization qualifies						
D	33 1/3% support test - 2020. If the contract the support test - 2020 is the contract t						. \Box
47.	and stop here. The organization qual		• • •		40.4040-		
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the facts		•	•		·	
	meets the facts-and-circumstances te	•	•			70 and line 15 in	
a	10% -facts-and-circumstances test	-					10% Or
	more, and if the organization meets the				-		▶□
40	organization meets the facts-and-circu				•		
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 160, 1/a, or 1/b	, cneck this box ai	na see instructions	<u> </u>

Schedule A (Form 990) 2021

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	, , , , , , , , , , , , , , , , , , , ,					
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
-	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		T	T	Т	T	1
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
10	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
10	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		rot opening their	foundly an extra to	l	01(a)(2)	<u> </u>
14	First 5 years. If the Form 990 is for the	· ·		•	•		
Sec	check this box and stop here ction C. Computation of Publi			• • • • • • • • • • • • • • • • • • • •			
	Public support percentage for 2021 (li			column (fl)		15	%
	Public support percentage from 2020	, , , , , , , , , , , , , , , , , , , ,	,			16	%
	ction D. Computation of Inves					1	70
	Investment income percentage for 20			ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2021. If the						
-	more than 33 1/3%, check this box ar						. —
k	33 1/3% support tests - 2020. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation If the organization						

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes." provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
_		
1		
2		
За		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
40		
10a		
405		
10b	n 990)	2021

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Schedule A (Form 990) 202

Pai	TIV Supporting Organizations (continued)			
		_	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	1a		
		1b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
800	<u>detail in</u> Part VI. 1: tion B. Type I Supporting Organizations	1c		
Sec	tion B. Type i Supporting Organizations	$\overline{}$,,	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported			
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
		2		
Sec	tion C. Type II Supporting Organizations		'	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	7	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	and organization maintained a close and commission many relationship man and capported organization (o).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
Sec	supported organizations played in this regard. Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
' a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instruc	ctions	3)	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	and the state of the significant	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	The second details in	la		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	Bb		

Sche	edule A (Form 990) 2021 LONG LIVE THE KINGS		91-1353982 Page 6	
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 (<i>explain</i>	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		

Schedule A (Form 990) 2021

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

Schedule A (Form 990) 2021

Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:
OTHER REVENUE
FUNDRAISING EVENT REVENUES

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

Name of the organization **Employer identification number** LONG LIVE THE KINGS 91-1353982

Organization type (check one):						
Filers of	:	Section:				
Form 99	0 or 990-EZ	$\boxed{\textbf{X}}$ 501(c)(3) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 99	0-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 General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
	For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.					
Special	Rules					
X	X For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.					
	year, contributions is checked, enter he purpose. Don't com	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 General Rule applies to this organization because it received nonexclusively etc., contributions totaling \$5,000 or more during the year				
answer "	'No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 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 certify				

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

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021)

Name of organization

Employer identification number

LONG LIVE THE KINGS

91-1353982

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$60,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$	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
3		\$ 80,990.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$168,082.	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		\$ 95,012.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$ <u>91,794.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

LONG LIVE 7	THE KING	

91-1353982

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$ 95,012.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$329,033.	Person X Payroll
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4	Total contributions \$ 158,424.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$ <u>153,101.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12		\$65,908.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Name of organization Employer identification number

LONG LIVE THE KINGS 91-1353982

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$\$ \$	Person X Payroll
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4	\$	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Training additioning and all 1 1	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Complete Part II for noncash contributions.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140.	Hame, audiess, and ZIF + +	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Turne, addition, and Ell TT	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Page 3

Name of organization Employer identification number

LONG LIVE THE KINGS

91-1353982

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	I if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(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
		 \$	
123/153 11-11		<u></u>	Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page 4 Name of organization **Employer identification number** LONG LIVE THE KINGS 91-1353982 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from 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

Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	

(c) Use of gift

123454 11-11-21

(a) No.

Part I

(b) Purpose of gift

Schedule B (Form 990) (2021)

(d) Description of how gift is held

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 Inspection

Name of the organization

LONG LIVE THE KINGS

Employer identification number 91-1353982

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ 4 Number of states where property subject to conservation easement is located ₱ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ ↑ Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ ↑ \$ 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ii) ¶ Yes No 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Tr	Pai			or Accounts. Complete if the
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 funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). □ Preservation of land for public use (for example, recreation or education) □ Preservation of a certified historic structure □ Preservation of pen space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements to a certified historic structure instead in the National Register 3 Number of conservation easements not use defined in the National Register 4 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ Des each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the fortoriote to the organization's financial statements that desc		organization answered "Yes" on Form 990, Part IV, III		(b) Funds and other accounts
2 Aggregate value of contributions to (during year) 4 Aggregate value of grants from (during year) 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part III Conservation Easements. Complete if the organization answered "ves" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Preservation of open space 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements b Total acreage restricted by conservation easements c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 4 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 4 Number of states where property subject to conservation easements is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements in thicks? Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year > \$\frac{1}{2}\$ Amount of expenses incurred in monitoring inspecting, handling of violations, and enforcing conservation easements the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, (if applicable, the text of the for	4	Total number at and of year	(a) Bonor advised funds	(b) i unus and other accounts
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service, provide in Part XIII the text of the footnote to its financial statements that describes these items.	1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement an	d balance sheet works
•		of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in fur	therance of public
		•		
b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of	b			
art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service,		•	exhibition, education, or research in further	erance 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 treasures, or other similar assets for financial gain, provide	2	-		gain, provide
the following amounts required to be reported under FASB ASC 958 relating to these items:	_		-	• •
a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X \$ \$				
				Schedule D (Form 990) 2021

Bart III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Continues	Sche	dule D (Form 990) 2021 LONG LI	VE THE KING	3S				(91-13	53982	2 p	Page 2
3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection are therefore, the collection are therefore, and the provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 6 Part IV Excorw and Custodial Arrangements. Complete if the organization's collection?					orical Tre	asures, o	r Other	Similar	Assets	Contin	ued)	agc –
a Public whibition d Loan or exchange program	3									CONTENT	ucu)	
a Public exhibition d		• • • • • • • • • • • • • • • • • • • •	,	-,		J						
b Scholarly research c	а		d		Loan or exc	hange progra	am					
c		Scholarly research										
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Ves			_									
5 During the year, did the organization solicit or neceive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X line 21. 1a Is the organization an angent, flustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part XP. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: 1c Beginning balance 1d Additions during the year 1d 1e Intermediation and intermediation or the part XIII and complete the following table: 1c Beginning balance 1d Intermediation of the year 2d Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2d Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2d Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2d Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2d Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2d Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2d Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2d Did the organization include an amount on Form 990, Part X, line 10. 2d Did the organization include an amount on Form 990, Part X, line 10, line 1												
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Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Ves	_					•				Yes		No
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on Form 990, Part X? Yes No		Is the organization an agent, trustee, custodi	ian or other intermed	iarv for	contributions	or other ass	sets not in	cluded				
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e Distributions during the year f ferding balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Interest Part XIII. Check here if the explanation has been provided on Part XIII. Check here if the explanation has been provided on Part XIII. Check here if the explanation has been provided on Part XIII. Check here if the explanation has been provided on Part XIII. Check here if the explanation has been provided on Part XIII. Check here if the explanation has been provided on Part XIII. Check here if the explanation has been provided on Part XIII. Check here if the explanation has been provided on Part XIII. Check here if the explanation has been provided on Part XIII. Check here if the explanation has been provided on Part XIII. Check here if the explanation has been provided on Part XIII. Check here if the explanation has been provided on Part XIII. Check here if the explanation has been provided on Part XIII. Check here if the explanation has been provided on Part XIII. Check here if the explanation has been provided on Part XIII. Check here if the explanation has been provided on Part XIII. Check here if the explanation has been provided on Part XIII. Check here if the organization has been provided on Part XIII. Check here if the organization has been provided on Part XIII. Check here if the organization has been provided on Part XIII. Check here if the organization has been provided in the explanation has been provided in the												
f Ending balance												
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11. Complete if the organization answered "Yes" on Form 990, Part IV, line 11. Complete if the organization answered "Yes" on Form 990, Part IV, line 11. Complete if the organization answered "Yes" on Form 990, Part IV, line 11. Complete if the organization answered "Yes" on Form 990, Part IV, line 11. Complete if the organization answered "Yes" on Form 990, Part IV, line 11. Complete if the organization answered "Yes" on Form 990, Part IV, line 11. Complete if the organization answered "Yes" on Form 990, Part IV, line 11. Complete if the organization answered "Yes" on Form 990, Part IV, line 11. Complete if the organization answered "Yes" on Form 990, Part IV, line 11. Complete if the organization answered "Yes" on Form 990, Part IV, line 11. Complete if the organization answered "Yes" on Form 990, Part IV, line 11. Complete if the organization answered "Yes" on Form 990, Part IV, line 11. Complete if the organization answered "Yes" on Form 990, Part IV, line 11. Complete if the organization answered "Yes" on Form 990, Part IV, line 11. Complete if the organization answered "Yes" on Form 990, Part IV, line 11. Complete if the organization answered "Yes" on Form 990, Part IV, line 11. Complete if the organization answe	_											
Description of property Service										Yes		No
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four year		· ·								_		j
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years (e) Four ye												
1a Beginning of year balance 0. 0. 100,000. 100		<u>'</u>							ears back	(e) Four	years	back
b Contributions 100,000. c Net investment earnings, gains, and losses 16,649. d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 14.2700 % b Permanent endowment 15.700 % b Permanent endowment 15.700 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations (iii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment 4 Equipment 5 Cother	1a	Beginning of year balance	0.			.,	,			. ,		
c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (ai)) held as: a Board designated or quasi-endowment ▶ 14 ⋅ 2700 % b Permanent endowment ▶ 85 ⋅ 7300 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations (ii) Restend organizations (iii) Restend organizations 2 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation depreciation 1a Land b Buildings c Leasehold improvements d Equipment 4 Squipment 5 Squipment 6 Equipment 7 Squipment 7 Squipment 7 Squipment 8 Squipment 9 Squipm			100,000.									
d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 14.2700 % b Permanent endowment ▶ 35.7300 % c Term endowment ▶ .0000 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (ii) Related organizations (iii) Related organizations 3a(ii) X 3a(ii) X 3b X 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other (b) Cost or other (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment 33,174 28,671 44,503. e Other												
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b Permanent endowment ▶ 85.7300		•		-	g, oolaliii (a)	, mora ao.						
c Term endowment ▶				—′°								
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(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment d Equipment Other		-								3a(i)		Х
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4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land b Buildings c Leasehold improvements d Equipment 6 Other 33,174. 28,671. 4,503.	b	b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?										
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land b Buildings c Leasehold improvements d Equipment e Other												
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land b Buildings c Leasehold improvements d Equipment e Other				WITTOTTE	idildo.							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (d) Book value (e) Accumulated depreciation (f) Accumulated depreciation (g) Accumulated depreciation (h) Cost or other basis (other) (h) Cost or other basis (other) (h) Cost or other depreciation (h) Accumulated depreciation (h) Book value), Part I\	/, line 11a. S	ee Form 990	, Part X, li	ne 10.				
basis (investment) basis (other) depreciation 1a Land b Buildings c Leasehold improvements d Equipment 33,174. 28,671. 4,503. e Other									d	(d) Book	k valu	ie
b Buildings c Leasehold improvements d Equipment 33,174. 28,671. 4,503. e Other		- company	1 ' '		, ,					(-,		
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e Other					3	3,174.		28,67	71.	4	1,5	03.
1 - 4 4						,		,			•	
				X. colur	nn (B). line 1	Oc.)				4	1,5	03.

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 LONG LIVE T	HE KINGS	91	-1353982 Page 3
Part VII Investments - Other Securities.	on Form 000. Dort IV line	11h Coo Form 000 Port V line 12	
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	Lof-vear market value
	(b) Dook value	(c) Method of Valuation. Gost of end	1-01-year market value
(4)		1	
(A) Other			
(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	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
<u>(8)</u> (9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	2.15.)		
Part X Other Liabilities.	e 15.)		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	
1. (a) Description of liability	· · · · · · · · · · · · · · · · · · ·		(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			

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

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) 2021

(9)

Par	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With R	evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	e 12a.			
1	Total revenue, gains, and other support per audited financial statements		1	2,828,046.	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	15,785.		
b	Donated services and use of facilities	2b	2,870.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	18,655. 2,809,391.
3	Subtract line 2e from line 1			3	<u>2,809,391.</u>
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,809,391.		
Pai	rt XII Reconciliation of Expenses per Audited Financial Sta		xpenses per F	keturi	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, lin				0.060.454
1	Total expenses and losses per audited financial statements			1	2,269,151.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	0 000		
а			2,870.		
b	Prior year adjustments				
С	Other losses				
d	,				
е	Add lines 2a through 2d			2e	2,870. 2,266,281.
3	Subtract line 2e from line 1		3	2,266,281.	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
а	, , , , , , , , , , , , , , , , , , , ,				
b	Other (Describe in Part XIII.)	4b			_
С	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3.)		5	2,266,281.
	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	•		; Part)	K, line 2; Part XI,
ines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide an	y additional informa	tion.		

PART V, LINE 4:

THE ORGANIZATION'S ENDOWMENTS CONSIST OF ONE INDIVIDUAL FUND ESTABLISHED FOR THE DONOR-RESTRICTED PURPOSE OF PROVIDING A MULTI-YEAR, ONGOING SOURCE OF FUNDS TO ENABLE THE ORGANIZATION TO PURSUE ITS CHARITABLE PURPOSE.

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. IN ADDITION, THE ORGANIZATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A) AND HAS BEEN CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION UNDER SECTION 509(A)(2).

Schedule D (Form 990) 2021

Part XIII Supplemental Information (continued)
THE ORGANIZATION'S INCOME TAX FILINGS ARE SUBJECT TO EXAMINATION BY
VARIOUS TAXING AUTHORITIES. THE ORGANIZATION FOLLOWS THE PROVISIONS OF
UNCERTAIN TAX POSITIONS AS ADDRESSED IN FINANCIAL ACCOUNTING STANDARDS
BOARD (FASB) ACCOUNTING STANDARDS CODIFICATION (ASC) SUBTOPIC 740-10,
INCOME TAXES. THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT
FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX
POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization **Employer identification number** LONG LIVE THE KINGS 91-1353982 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (e) If activity listed in (d) (b) Number of (c) Number of (d) Activities conducted in the region (f) Total (a) Region employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors recipients located in the region) of service(s) in the region in the region in the region NORTH AMERICA -CANADA AND MEXICO. BUT NOT THE UNITED STATES 0 0 PROGRAM RESEARCH 22,623. NORTH AMERICA 0 0 FUNDRAISING ACTIVITIES 0. 0 0 22,623. 3 a Subtotal **b** Total from continuation 0 sheets to Part I Totals (add lines 3a 22,623. and 3b)

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

Schedule F (Form 990) 2021

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.								
1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter								

3 Enter total number of other organizations or entities

Part III	Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.							
(a)	Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Page 4

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2021

132075 12-20-21 Schedule F (Form 990) 2021

SCHEDULE G (Form 990)

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.

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

OMB No. 1545-0047

2021

Open to Public Inspection

Name of the organization

LONG LIVE THE KINGS

Employer identification number
91-1353982

required to complete this par	 Complete if the organization answ rt. 	ered "Y	es" or	n Form 990, Part IV, li	ine 17. Form 990-EZ	filers are not
Indicate whether the organization rais X Mail solicitations D X Internet and email solicitations	sed funds through any of the following e Solicita	ation of ation of	non-g gover	overnment grants nment grants		
d In-person solicitations						
 2 a Did the organization have a written of key employees listed in Form 990, F b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the 	Part VII) or entity in connection with providuals or entities (fundraisers) pursu	orofessi	onal fu	undraising services?	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have cr or con contribu	ustody trol of	(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
SWAIM STRATEGIES - 300 NE FAILING ST, PORTLAND, OR	EVENT MANAGEMENT	Yes	No X	150,000.	32,750.	117,250.
3 List all states in which the organization	on is registered or licensed to solicit		▶ utions	150,000.	•	117,250. gistration
or licensing. WA						
WA						

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

Schedule G (Form 990) 2021

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

		of fundraising event contributions and gro	oss income on Form 990	-EZ, lines 1 and 6b. List e	vents with gross receipt	s greater than \$5,000.
				(b) Event #2 SPRING	(c) Other events NONE	(d) Total events (add col. (a) through
			2020	VIRTUAL EVEN		col. (c))
a)			(event type)	(event type)	(total number)	551. (6) /
Revenue	1	Gross receipts	186,784.	133,249.		320,033.
_	2	Less: Contributions	159,198.	118,395.		277,593.
	3	Gross income (line 1 minus line 2)	27,586.	14,854.		42,440.
	4	Cash prizes				
m	5	Noncash prizes		200.		200.
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
	8	Entertainment		10 0		
	9	Other direct expenses	27,586.	18,799.		46,385.
	10	,				46,585.
Da	rt l	Net income summary. Subtract line 10 from line		000 D-+ N/ E 40		-4,145.
Г		Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1990, Part IV, line 19, or r	eported more than	
		\$13,000 OH FORM 990-E2, line oa.		(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
Revenue						() ()
æ	1	Gross revenue				
w	2	Cash prizes				
)Se						
Direct Expenses	3	Noncash prizes				
Direc.	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
		ter the state(s) in which the organization condu				
		the organization licensed to conduct gaming ac				Yes No
b	IT "	No," explain:				
	_					
10~	\//	ere any of the organization's gaming licenses re	woked suspended or to	rminated during the tax v		Yes No
		Yes," explain:				163 NO
	_					

Schedule G (Form 990) 2021

132082 10-21-21

Scr	ledule G (Form 990) 2021 LONG LIVE THE KINGS 91-1	L333902	4 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:		
á	The organization's facility	13a	%
k	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	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
k	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party ▶\$		
C	If "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:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
k	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 > \$		
Pa	Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	rt III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS	3:	
	NAME OF FUNDRATCER. CWAIM CODAMECIEC		
<u>(I</u>) NAME OF FUNDRAISER: SWAIM STRATEGIES		
<u>(I</u>	ADDRESS OF FUNDRAISER: 300 NE FAILING ST, PORTLAND, OR 97212	<u>}</u>	

Schedule G	(Form 990)	LONG	LIVE	THE	KINGS		91-1353982	Page 4
Part IV	(Form 990) Supplemental Infor	mation ₍	(continued))				
		,						
-								
			·				 	
-								

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service **Grants and Other Assistance to Organizations, Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

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

OMB No. 1545-0047

2021

Open to Public Inspection

LONG LIVE	THE KING	S					91-1353982
Part I General Information on Grants a		<u></u>					31 1333302
Does the organization maintain records to criteria used to award the grants or assis Describe in Part IV the organization's property of the property	stance? ocedures for monit Domestic Organia	oring the use of grant	funds in the United	States.			X Yes No
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
YOUTH EXPERIENTAL TRAINING INSTITUTE - 226 SW 171ST STREET - NORMANDY PARK, WA 98166	27-3193281	501(C)(3)	7,500.	0.			SUPPORT FOR YOUTH FISHING
				,			
2 Enter total number of section 501(c)(3) a	nd government orç	ganizations listed in th	ne line 1 table				<u> </u>
3 Enter total number of other organizations	s listed in the line	I table					> 0.
LHA For Paperwork Reduction Act Notice	, see the Instructi	ons for Form 990.					Schedule I (Form 990) 2021

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SCHEDULE J (Form 990)

Compensation Information

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

ored Yes on Form 990, Part IV, line 23.

Open to Public Inspection

► Attach to Form 990.

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

Internal Revenue Service Name of the organization

Department of the Treasury

LONG LIVE THE KINGS

Inspection
Employer identification number

91-1353982

OMB No. 1545-0047

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.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
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	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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:			
	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:		77	
а	The organization?	6a	Х	77
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			
	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			
	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)?	a		i

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

Schedule J (Form 990) 2021

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.

		(B) Breakdown of W	V-2 and/or 1099-MISO compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) JACQUES WHITE	(i)	104,994.	0.	25,580.	6,774.	14,313.	151,661.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i) (ii)							
	(i)							
	(י) (ii)							
	(i)							
	(י) (ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.
PART I, LINE 6:
FINANCIAL PERFORMANCE IS ONE OF SEVERAL FACTORS USED TO DETERMINE WHETHER
BONUSES ARE PAID.

SCHEDULE L

Department of the Treasury Internal Revenue Service

(Form 990)

Transactions With Interested Persons

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

Name of t	he orgar	nization
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LONG LIVE THE KINGS

Employer identification number

91-1353982

Part I						on 501(c)(4), and sec art IV, line 25a or 25b								
1	Complete ii the t		Relationship bet), OF FORM 990	J-EZ, Pa	art V, I	1116 40	iD.	(4)	Corro	cted?
' (a) Nar	me of disqualified p	person	person and o			(c	c) Description	of tran	sactio	n		Y		No
			•									+ ''	55	NO
													+	
												+	-	
												+	_	
												+	-+	
												+		
						ualified persons dur				•				
						ganization				▶ \$				
C Linton	ino amount or tax,	4.19, 611 2,	abovo, rombaro	ou by		Jan 12411011				Ţ				
Part II			wered "Yes" on I	Form 9	990-EZ,	Part V, line 38a or F	Form 990, Par	t IV, lin	e 26; (or if th	e orga	nizatio	n	
) Name of ested person	(b) Relationship with organization	(c) Purpose	(d) Lo	oan to or m the ization?	(e) Original principal amount	(f) Balance	due) In ault?	(h) App by boo comm	ard or		/ritten ment?
					From				Yes	No	Yes	No	Yes	No
				1										
				1										
Total		1	1	1		> \$	l							
Part III	Grants or As	sistance Bei	nefiting Inter	este	d Per									
	Complete if the	organization ans	wered "Yes" on I	Form 9	990, Pa	rt IV, line 27.								
(a) N	ame of interested	person	(b) Relationship interested persecutive organization	son an		(c) Amount of assistance		d) Type ssistan) Purp assista		f
										+				
										\perp				
										\perp				
										\perp				
LHA For F	Paperwork Reduc	tion Act Notice,	see the Instruc	tions	for For	m 990 or 990-EZ.				Sche	dule L	(Forn	n 990)	2021

132131 11-02-21

(a) Name of interested person	d "Yes" on Form 990, Part IV, line 28a, 28 (b) Relationship between interested	(c) Amount of	(d) Description of	(e) Sha organiz	aring of ation's
	person and the organization	transaction	transaction	rever Yes	ues?
GERALD MCDERMOTT	GRANDSON OF PHIL ST	42,101.	EMPLOYEE CO	163	X
Part V Supplemental Information.					
	ponses to questions on Schedule L (see in	structions).			
SCH L, PART IV, BUSINESS	TRANSACTIONS INVOLVING	G INTERESTI	ED PERSONS:		
(A) NAME OF PERSON: GERAL	D MCDERMOTT				
(B) RELATIONSHIP BETWEEN	INTERESTED PERSON AND	ORGANIZAT	ION:		
GRANDSON OF PHIL STALCUP,	BOARD MEMBER				
(D) DESCRIPTION OF TRANSA	CTION: EMPLOYEE COMPE	NSATION			

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

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

LONG LIVE THE KINGS

Employer identification number 91-1353982

Pa	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or litems contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		_	s
1	Art - Works of art		itemo contributou	1 61111 666, 1 411 7111, 11116 19				
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded							
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
• •	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (AUCTION ITEMS)	X	91	78,601.	FMV			
26	Other							
27	Other							
28	Other (
29	Number of Forms 8283 received by the organization	zation durinç	the tax year for c	ontributions			_	
	for which the organization completed Form 8283, Part V, Donee Acknowledgement							
							Yes	No
30a	During the year, did the organization receive by	-		•				
	must hold for at least three years from the date		l contribution, and	which isn't required to be u	sed for			
	exempt purposes for the entire holding period'	?				30a		X
	b If "Yes," describe the arrangement in Part II.							
31								X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash							77
	contributions?					32a		X
	If "Yes," describe in Part II.		_					
33	If the organization didn't report an amount in c	olumn (c) fo	a type of property	tor which column (a) is che	cked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

Schedule M (Form 990) 2021

132142 11-17-21

SCHEDULE O (Form 990)

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 Form 990-EZ.

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

2021
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Name of the organization

LONG LIVE THE KINGS

Employer identification number 91–1353982

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES: GLENWOOD SPRINGS HATCHERY: OUR GLENWOOD SPRINGS FACILITY ON ORCAS ISLAND IS FOCUSED ON SUPPLEMENTING CHINOOK SALMON IN THE SAN JUANS AND THE STRAIT OF GEORGIA FOR HARVEST BY HUMANS AND ORCA WHALES. HERE, WE ARE CONDUCTING EXPERIMENTS TO IMPROVE THE EFFECTIVENESS OF HATCHERY PRODUCTION, WITH A GOAL OF HIGHER SURVIVAL RATES AT SEA AND LARGER RETURNING FISH. WE ALSO SUPPORT A KOKANEE FISHERY IN CASCADE LAKE AND REAR KOKANEE FROM LAKE SAMMAMISH FOR A WILD POPULATION RECOVERY PROGRAM. INCLUDING GRANTS OF \$ 0. EXPENSES \$ 199,057. REVENUE S 0. OTHER PROGRAMS: LONG LIVE THE KINGS IS ALSO ADVANCING SALMON RECOVERY AND SUSTAINABLE FISHING IN THE PACIFIC NORTHWEST BY BUILDING A CONSTITUENCY FOR SALMON RECOVERY THROUGH THE SURVIVE THE SOUND COMPLETING THE FEDERAL PUGET SOUND STEELHEAD RECOVERY PLAN AS CAMPAIGN, MEMBER OF THE RECOVERY TEAM, SUPPORTING VARIOUS SALMON RESEARCH EFFORTS IN PUGET SOUND, AND SUPPORTING SUSTAINABLE CHINOOK FISHERIES AND LAKE SAMMAMISH KOKANEE RECOVERY AT OUR GLENWOOD SPRINGS FIELD STATION. INCLUDING GRANTS OF \$ 7,500. REVENUE \$ 0. EXPENSES \$ 343,322. FORM 990, PART VI, SECTION A, LINE 1A: THE BOARD OF DIRECTORS HAS AN EXECUTIVE COMMITTEE WITH A MINIMUM OF FIVE MEMBERS, ALL OF WHOM MUST BE BOARD MEMBERS. THE CHAIRS OF ALL OTHER STANDING COMMITTEES ARE MEMBERS OF THE EXECUTIVE COMMITTEE. BETWEEN

MEETINGS OF THE BOARD,

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

THE EXECUTIVE COMMITTEE HAS THE AUTHORITY TO ACT FOR

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page **2**

Name of the organization

LONG LIVE THE KINGS

Employer identification number 91-1353982

THE BOARD IN ANY MATTER FOR WHICH THE BOARD HAS POWER TO ACT, EXCEPT FOR

THE FOLLOWING: (A) AMEND, ALTER OR REPEAL THE BYLAWS; (B) ELECT, APPOINT OR

REMOVE ANY MEMBER OF ANY OTHER COMMITTEE OR ANY DIRECTOR OR OFFICER OF THE

ORGANIZATION; (C) AMEND THE ARTICLES OF INCORPORATION; (D) ADOPT A PLAN OF

MERGER OR CONSOLIDATION WITH ANOTHER ORGANIZATION; (E) AUTHORIZE THE SALE,

LEASE OR EXCHANGE OF ALL OR SUBSTANTIALLY ALL OF THE PROPERTY AND ASSETS OF

THE ORGANIZATION NOT IN THE ORDINARY COURSE OF BUSINESS; (F) AUTHORIZE THE

VOLUNTARY DISSOLUTION OF THE ORGANIZATION OR REVOKE PROCEEDINGS THEREFOR;

(G) ADOPT A PLAN FOR THE DISTRIBUTION OF THE ASSETS OF THE ORGANIZATION; OR

(H) AMEND, ALTER OR REPEAL ANY RESOLUTION OF THE BOARD WHICH BY ITS TERMS

PROVIDES THAT IT SHALL NOT BE AMENDED, ALTERED OR REPEALED BY A COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FORM 990 WAS PROVIDED TO THE FULL BOARD BEFORE IT WAS FILED. COMMENTS

AND QUESTIONS WERE SOLICITATED, BUT NONE WERE RECEIVED. THEREFORE, IT WAS

ASSUMED THAT EVERYONE APPROVED IT.

FORM 990, PART VI, SECTION B, LINE 12C:

DIRECTORS AND OFFICERS ARE REQUIRED TO DISCLOSE TO THE BOARD ANY FINANCIAL

INTEREST WHICH THE DIRECTOR OR OFFICER DIRECTLY OR INDIRECTLY HAS IN ANY

PERSON OR ENTITY WHICH IS A PARTY TO A TRANSACTION UNDER CONSIDERATION BY

THE BOARD. THE INTERESTED DIRECTOR OR OFFICER ABSTAINS FROM VOTING ON THE

TRANSACTION. NO EMPLOYEE MAY SOLICIT OR ACCEPT GRATUITIES, FAVORS, OR

ANYTHING OF SIGNIFICANT VALUE FROM ANY ORGANIZATION OR INDIVIDUAL THAT

COULD CONSTITUTE A CONFLICT OF INTEREST WITH THEIR RESPONSIBILITIES TO THE

ORGANIZATION.

FORM 990, PART VI, SECTION B, LINE 15:

<u>Schedule O (Form 990) 2021</u> Page **2**

Name of the organization **Employer identification number** 91-1353982 LONG LIVE THE KINGS THE EXECUTIVE COMMITTEE REVIEWS AND APPROVES THE EXECUTIVE DIRECTOR'S COMPENSATION, AS WELL AS COMPENSATION ADJUSTMENTS FOR ALL POSITIONS WITHIN THE ORGANIZATION. ONLINE RESOURCES SUCH AS GLASSDOOR.COM AND SALARY.COM ARE USED TO OBTAIN COMPARABILITY DATA FROM OTHER GOVERNMENT AND NONPROFIT EMPLOYERS.. THE COMPENSATION REVIEW PROCESS LAST OCCURRED IN 2021. FORM 990, PART VI, SECTION C, LINE 18: GOVERNING DOCUMENTS, CONFLICT OF INTERST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO ANYONE UPON REQUEST. IN ADDITION, FINANCIAL INFORMATION (FORM 990 AND AUDIT) IS PROVIDED TO VARIOUS NON-PROFIT RATING AGENCIES (GUIDESTAR, ETC.) FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTERST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO ANYONE UPON REQUEST. IN ADDITION, FINANCIAL INFORMATION (FORM 990 AND AUDIT) IS PROVIDED TO VARIOUS NON-PROFIT RATING AGENCIES (GUIDESTAR, ETC.) FORM 990, PART IX, LINE 11G, OTHER FEES: OTHER PROFESSIONAL SERVICES: PROGRAM SERVICE EXPENSES 459,643.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 481,644.

2212 11-11-21 Schedule O (Form 990) 2021

FUNDRAISING EXPENSES

TOTAL EXPENSES

MANAGEMENT AND GENERAL EXPENSES

12,212.

9,789.

481,644.