Form **991**

Use Only

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.

16 Open to Public

Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Address change Long Live the Kings Name 91-1353982 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 1326 Fifth Avenue #450 206-382-9555 2,637,886. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended Seattle, WA 98101 H(a) Is this a group return Applica-F Name and address of principal officer: Jacques White for subordinates? Yes X No pendina same as C above H(b) Are all subordinates included? Yes No Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or [If "No." attach a list, (see instructions) J Website: www.LongLiveTheKings.org H(c) Group exemption number Form of organization: X Corporation Trust Association Other > L Year of formation: 1986 M State of legal domicile: WA Part I Summary Briefly describe the organization's mission or most significant activities: Our mission is to restore wild Activities & Governance salmon and steelhead & support sustainable fishing in the Pacific Check this box leading if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 23 Number of independent voting members of the governing body (Part VI, line 1b) 23 20 Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 78 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 **7**b Prior Year **Current Year** 2,429,916. Contributions and grants (Part VIII, line 1h) 2,544,411. Revenue Program service revenue (Part VIII, line 2g) 73,236. 0. 206. 8,989. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 75,887. -109,918. 2,579,245. 2,443,482. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 809,010. 1,082,576. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,201,077. 1,344,522. 17 2.427,098. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,010,087. 569,158. 16,384. Revenue less expenses. Subtract line 18 from line 12 98 Beginning of Current Year End of Year Assets (1,213,913. 1,034,559. Total assets (Part X, line 16) 575,781. Total liabilities (Part X. line 26) 380,042. 638,132. 654,517. Net assets or fund balances. Subtract line 21 from [ine 20] Part | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign Jacques White, Executive Director Here Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature Paid Susan Reilly 11/15/17 P00531805 self-employed Firm's name Watson & McDonell, Preparer 72-1607347 Firm's EIN

Seattle, WA 98101-2528

Firm's address 1325 4th Avenue, Suite 1705

May the IRS discuss this return with the preparer shown above? (see instructions)

Phone no. 206-624-2380

Form 990 (2016) 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	ĺ		
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	\vdash	Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			75
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			v
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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,	44.	х	
	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a_		
D	assets reported in Part X, line 167 If "Yes," complete Schedule D, Part VII	11b		X
	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	I III		
•	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	-110		
_	Part X, line 167 /f "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
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		Х
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,		ļ	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	-
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			37
	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,	<u>. </u>	l	v
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	ا ـِہِ ا	 [
40	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? # "Yes,"			v
	complete Schedule G. Part III	<u>19</u>	000	X

Part IV | Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H X 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 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 X Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III X 22 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 X 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 Schedule K. If "No", go to line 25a X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 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 X Schedule L, Part I 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes." X complete Schedule L, Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III X 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? |f "Yes," complete Schedule M X 30 Did the organization liquidate, terminate, or dissolve and cease operations? X If "Yes." complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X Schedule N, Part II 32 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 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 X Part V, line 1 34 X 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? X If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization X and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 X Note. All Form 990 filers are required to complete Schedule O

Pai	art 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	23		
b	Enter the number of Forms W-2G included in line 1a, Enter -0- if not applicable	0		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	
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	20		ш
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b	\sqcup	<u> </u>
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)?	4a		X
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).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		\square	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		\sqcup	X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		\vdash	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization soli	cit		
	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>	\vdash	Х
þ	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	1		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		7	
			X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<u>7b</u>	A	_
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			x
a	to file Form 8282? If "Yes." indicate the number of Forms 8282 filed during the year 7d	7c		A
				х
f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<u>7e</u>	\vdash	X
	and the state of t			42
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 10			
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	3001 /11		
•	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the second of the second o	9a		
		9b		
	Section 501(c)(7) organizations. Enter:			
1	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	• • • • • • • • • • • • • • • • • • • •	· .		
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a	\vdash	
	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			
			-	v
	Did the organization receive any payments for indoor tanning services during the tax year?		\vdash	X
D	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI X Section A. Governing Body and Management Νo Yes 1a Enter the number of voting members of the governing body at the end of the tax year 23 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. b Enter the number of voting members included in line 1a, above, who are independent 23 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? 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? X 5 5 Did the organization have members or stockholders? X 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? X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? Ra X b Each committee with authority to act on behalf of the governing body? X 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 in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? X 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? X 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this was done 12c Did the organization have a written whistleblower policy? X 13 13 14 Did the organization have a written document retention and destruction policy? X 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 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? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 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 Upon request X Other (explain in Schedule O) Own website ____ Another's website 19 Describe in 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: The Organization - 206-382-9555 1326 Fifth Avenue #450, Seattle, WA 98101

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		Position (do not check more than one box, unless person is both an			Position (do not check more than one box, unless person is both a			Position (do not check more than one box, unless person is both an			(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	ttee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations						
(1) Jim Youngren	2.80	П														
President		X		X				0.	0.	0.						
(2) Bob Jirsa	2.50															
VP/Sec/Treas		X		X				0.	0.	0.						
(3) Tom Alberg	0.20															
Board Member		x					L.	0.	0.	0.						
(4) Phil Anderson	0.20															
Board Member		X						0.	0.	0.						
(5) Brian Bogen	0.30															
Board Member		Х						0.	0.	0.						
(6) Doug Boyden	0.70															
Board Member		X						0.	0.	0.						
(7) Norm Dicks	0.90															
Board Member		X						0.	0.	0.						
(8) David Dufenhorst	0.30															
Board Member		X						0.	0.	0.						
(9) Peter Grimm	0.60															
Board Member		X						0.	0.	0.						
(10) Scott Grimm	0.20															
Board Member		X						0.	0.	0.						
(11) Leah Hair	0.30															
Board Member		X						0.	0.	0.						
(12) Gaylord Kellogg	0.90															
Board Member		X						0.	0.	0.						
(13) Jim Kraft	0.20															
Board Member		X						0.	0.	0.						
(14) Steve Lewis	0.80															
Board Member		X						0.	0.	0.						
(15) Doug Little	1.30			7					· · · · ·							
Board Member		Х						0.	0.	0.						
(16) Marie Mentor	1.40															
Board Member		X						0.	0.	0.						
(17) Denny Miller	0.40				T											
Board Member		X						0.	0.	0.						
892007 11 11 18										Earm 990 (2016)						

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

Yes No 3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual X 3 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 X 4 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 X 5

Section B. Independent Contractors

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
	Marine Survival	
Nova Scotia, CANADA B4B 0L9 NOAA	(tagging) supplies	164,111.
PO Box 979008, St Louis, MO 63197	Chinook sampling	163,378.
University of Washigton		
12455 Collection Dr. Chicago, IL 60693	Manne survival	125,218.

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

Form 990 HOTIG HIV									3T-T33	3702
Part VII Section A. Officers, Directors, Tr		nplo	yee			ligh	est			
(A) Name and title	(B) Average hours	(c		Pos	C) ition that		ılv)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)		Institutional trustee	from the organization (W-2/1099-MISC) Louis to mbenset combenset of the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations				
(27) Michael Schmidt	40.00									
Deputy Dir		_	_			X		112,625.	0.	15,027.
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Total to Part VII, Section A, line 1c								112,625.		15,027.
Total to Fart VII, Occion A, line 10								110,000.		10,04/.

-		Check if Schedule O cont	<u>ains a response</u>	or note to any line				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
40 0	1 a	a Federated campaigns	1a					0.2 014
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues		-				
Q 5	,	Fundraising events	256,351.				100	
if s		d Related organizations	<u> </u>					
%,E		Government grants (contribut		1,473,787.				
e e	f	All other contributions, gifts, gran						
he		similar amounts not included abo		814,273.				
Ē	: 9	Noncash contributions included in lines		25,785.				
Con	ľ	Total. Add lines 1a-1f			2,544,411.	-		
				Business Code				
ø	2 a							
ž	l b							
S	۰ (
Program Service Revenue	c	1					-	
50	e							
4	f	All other program service reve	nue					
	9	Total. Add lines 2a-2f						
	3	Investment income (including						
		other similar amounts)			489.			489.
	4	Income from investment of tax		· -				
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a			 				
		Less: rental expenses						7. 5
		Rental income or (loss)						
		Net rental income or (loss)						
	/ a	Gross amount from sales of	(i) Securities	(ii) Other 8,500.				
	_	assets other than inventory Less: cost or other basis		0,500.				
	D	and sales expenses		0.				
ĺ	С			8,500.				
ļ	d				8,500.			8,500.
	-	Gross income from fundraising						-,000
nue	• •		351. of					
Other Rever		contributions reported on line					1 .	
~		Part IV, line 18		81,960.				
훈	b	Less: direct expenses	b					
0		Net income or (loss) from fund			-111,623.			-111,623.
		Gross income from gaming ac	_					
		Part IV, line 19		1,870.				
	Ь	Less: direct expenses		350.				
	C	Net income or (loss) from game	ing activities		1,520.			1,520.
	10 a	Gross sales of inventory, less it	returns					
		and allowances	a	656.				
	b	Less: cost of goods sold	b	471.				
	С	Net income or (loss) from sales			185.			185.
-		Miscellaneous Revenue)	Business Code				
	11 a							
	b							
	C	A 11						
	ď	All other revenue		<u> </u>				
		Total. Add lines 11a-11d			2 443 492	0	0	100 000
00000	12	Total revenue. See instructions.			2,443,482.	0.	0.	-100,929.
002008	11-11	- 10						Form 990 (2016)

Long Live the Kings 91-1353982 Page 10 Form 990 (2016) Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A), Check if Schedule O contains a response or note to any line in this Part IX (B) Program service expenses (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b, Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 144.114. 69,989. 40,284. 33,841. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 700,067. 597,133. 88,120. 14,814. 7 Pension plan accruals and contributions (include 35,176. 25.317. 6,386. 3,473. section 401(k) and 403(b) employer contributions) 19,669. Other employee benefits 123,767. 88,259. 15,839. 9 79,452. 57,006. 14,715. 10 Payroll taxes 7,731. Fees for services (non-employees): a Management 12. 12. Legal 16,786. 10,042. 5,633. 1.111. Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, 886,856. 97,296. 766,782. 22.778. column (A) amount, fist line 11g expenses on Sch O.) Advertising and promotion 12 60,225. 21,522. 8,099. 13 Office expenses 30,604. Information technology 8,927. 5,743. 1,488. 1,696. 14 Royalties 15 68,633. 44,061. 13,494. 11,078. 16 Occupancy 9,606. 3,830. 2,171. Travel 3,605. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 13,232. 11,142. 1,409. Conferences, conventions, and meetings 681. 19 20 Interest 21 Payments to affiliates 11.463. 8,602. 2,861. Depreciation, depletion, and amortization 22 6.626. 4.340. 2,286. 23 Insurance Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) Field Gear, Food, & Sup 187,079. 187,079. 51,428. Participant Travel and 51,428. c Other Supplies 23,649. 16,627. 7,022. 0. e All other expenses 2,427,098. 1,968,914. 258,920. **2**5 Total functional expenses. Add lines 1 through 24e 199,264. 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)

Form 990 (2016)
Part X | Balance Sheet

	III	Check if Schedule O contains a response or not	e to any	line in this Part Y			
		Ondon il Contodato O contanto a responso di liot	o to arry	mie iii uno rait A	(A)		(B)
					Beginning of year		End of year
	1	Cash - non-interest-bearing	_		65,877.	1	196,562.
	2	Savings and temporary cash investments			364,102.	2	365,445.
	3	Pledges and grants receivable, net			673,345.	3	370,976.
	4	Accounts receivable, net		•	4		
	5	Loans and other receivables from current and fo					
		trustees, key employees, and highest compensa	ted em	olovees. Complete			
		Part II of Schedule L			5		
	6	Loans and other receivables from other disqualit					
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect					
क		employees' beneficiary organizations (see instr).			6		
Assets	7	Notes and loans receivable, net			7		
As	8	Inventories for sale or use		9,515.	8	17,582.	
	9	Prepaid expenses and deferred charges		65,425.	9	37,958.	
	10a		1				
		basis. Complete Part VI of Schedule D	10a	269,518.			
	b			223,482.	35,649.	10c	46,036.
	11	Investments - publicly traded securities	-	11			
	12	Investments - other securities. See Part IV, line 1		12			
	13	Investments - program-related. See Part IV, line		13	- '		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must equa	1,213,913.	16	1,034,559.		
	17	Accounts payable and accrued expenses	222,825.	17	126,859.		
	18	Grants payable		18			
	19	Deferred revenue	352,956.	19	253,183.		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete F				21	
(I)	22	Loans and other payables to current and former	officers,	directors, trustees,			
Liabilities		key employees, highest compensated employee	s, and d	isqualified persons.			
abi		Complete Part II of Schedule L				22	
7	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	third pa	arties		24	
	25	Other liabilities (including federal income tax, pay	yables to	related third			
		parties, and other liabilities not included on lines	17-24).	Complete Part X of			
		Schedule D				25	
	26	Total liabilities, Add lines 17 through 25			575,781.	26	380,042.
		Organizations that follow SFAS 117 (ASC 958)	, check	here X and			
67		complete lines 27 through 29, and lines 33 and					
Š	27	Unrestricted net assets			104,386.	27	74,858.
Net Assets or Fund Balances	28	Temporarily restricted net assets			533,746.	28	579,659.
Ā	29					29	·
Ē		Organizations that do not follow SFAS 117 (AS	SC 958),	, check here			
ó		and complete lines 30 through 34.					
ets	30	Capital stock or trust principal, or current funds				30	. <u>.</u>
A.S.S	31	Paid-in or capital surplus, or land, building, or eq				31	
<u>e</u>	32	Retained earnings, endowment, accumulated inc			400000	32	
Z	33	Total net assets or fund balances			638,132.	33	654,517.
	34	Total liabilities and net assets/fund balances			1,213,913.	34	1,034,559.

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

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.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Employer identification number

			Live the					2	91-1353982	2				
Pa	art T	Reason for Public	Charity Status (All organizations must c	omplete th	is part.) S	ee instructions.							
The	organi	zation is not a private found												
1	$\tilde{\Box}$	A church, convention of ch		-	_	_								
2	Ħ	A school described in sect					-70-41-7-							
3	Ħ	A hospital or a cooperative				• •	***							
4	H	•	· -				•	III\ Enter	the beenitel's non					
4		A medical research organiz	ation operated in co.	rijuriction with a nospital	i describet	ı III SEÇLIÇ	ят тиодод ідад	iii). Eriter	the nospital s har	ne,				
_		city, and state:		D	1									
5		An organization operated for		llege or university owner	or operat	ed by a go	overnmental un	it describ	ed in					
		section 170(b)(1)(A)(iv). (0												
6		A federal, state, or local go												
7	X	An organization that norma	Ily receives a substa	ntial part of its support f	rom a gov	emmental	unit or from the	general	public described in	n				
		section 170(b)(1)(A)(vi). (C	omplete Part II.)											
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)									
9		An agricultural research org	janization described	in section 170(b)(1)(A)((ix) operat	ed in conju	unction with a la	and-grant	college					
		or university or a non-land-							_					
		university:		, , , , , , , , , , , , , , , , , , , ,		,,	,							
10		An organization that norma	Ily receives: (1) more	than 33 1/3% of its sun	port from o	contributio	ns membershi	n fees ar	nd arnee receinte f	rom				
									-					
		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.												
		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 a						•		r				
		more publicly supported or						,	Check the box in					
		lines 12a through 12d that	= -					-						
а	ı	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	corted org	anization(s), typ	oically by	giving					
		the supported organization	on(s) the power to req	gularly appoint or elect a	majority o	of the direc	tors or trustees	of the su	upporting					
		organization. You must o	omplete Part IV, Se	ctions A and B,										
b	, 🗀	Type II. A supporting org	anization supervised	or controlled in connect	tion with it	s supporte	d organization	s), by hav	/ing					
		control or management o	f the supporting orga	anization vested in the sa	ame perso	ns that co	ntrol or manage	the sup	ported					
		organization(s). You mus			•		Ū							
С		Type III functionally inte	•		in connect	tion with.	and functionally	integrate	ed with					
_		its supported organization	-				-	ogradia	The trial is					
d		Type III non-functionally		-	-	•	•	d organi	ration(a)					
·	·			- ·				_	• • •					
		that is not functionally int	-	• •	•		•	ın attentiv	eness					
		requirement (see instructi		-	-									
e		Check this box if the orga					Type I, Type II,	Type III						
	_	functionally integrated, or	••	nally integrated supporti	ng organiz	ation.								
f		the number of supported of	•						L					
g	Provi	de the following information	about the supporte	d organization(s).	I (iii/) le the arm	ınization listed	I							
	(1)	Name of supported	(îî) EIN	(iii) Type of organization (described on lines 1-10	in vour governi	ng document?	(v) Amount of n support (see ins	-	(vi) Amount of ot					
		organization		above (see instructions))	Yes	No	support (see ins	tructions)	support (see instruc	xions)				
									,					
				•										
				,										
			l											
	_													
Carlot Street	. 6													

Schedule A (Form 990 or 990-EZ) 2016 Long Live the Kings 91-1353

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.)

Se	ction A. Public Support						_
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	900,021.	1267175.	1934576.	2429916.	2521151.	9052839.
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					i	
	the organization without charge						
4	Total. Add lines 1 through 3	900,021.	1267175.	1934576.	2429916.	2521151.	9052839.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly				2		
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,	10					
	column (f)						
6	Public support. Subtract line 5 from line 4.					T 7	9052839.
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	900,021.	1267175.	1934576.	2429916.	2521151.	9052839.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties	i	ľ				
	and income from similar sources	6.	4.	8.	206.	489.	713.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on				69,681.		69,681.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	49.	235.	30.			314.
11	Total support. Add lines 7 through 10						9123547.
12	Gross receipts from related activities,	etc. (see instructio	ns)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth tax	x year as a section	501(c)(3)	
0	organization, check this box and stop	here					
	tion C. Computation of Publi						
	Public support percentage for 2016 (li					14	99.22 %
	Public support percentage from 2015					15	<u>%</u>
16a	33 1/3% support test - 2016. If the o	-		· ·		•	
	stop here. The organization qualifies						
b	33 1/3% support test - 2015. If the o						
47-	and stop here. The organization quali						
1/a	10% -facts-and-circumstances test	_					
	and if the organization meets the "fact						
L	meets the "facts-and-circumstances" t						
D	10% -facts-and-circumstances test	•				•	U70 Of
	more, and if the organization meets the						⊾ □
40	organization meets the "facts-and-circ			•			
10	Private foundation. If the organization	n ula noi check a l	00x 011 line 13, 168	, 100, 1/a, 0r 1/b,			
					эспө	dule A (Form 990	UT 99U-EZ} 2016

632022 09-21-16

Schedule A (Form 990 or 990-EZ) 2016 Long Live the Kings

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	membership fees received. (Do not					1	
	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-						ľ
	iness under section 513						
4	Tax revenues levied for the organ-						<u> </u>
7	ization's benefit and either paid to						
	or expended on its behalf		1				
_	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
5	The value of services or facilities				1		
	fumished by a governmental unit to					İ	
	the organization without charge						
	Total, Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	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				<u> </u>		
C	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6			<u></u>			
10a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties						
	and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses				-		
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain				1		
	or loss from the sale of capital						
40	assets (Explain in Part VI.)					-	
	Total support. (Add lines 9, 10c, 11, and 12.)	. 41		l f il eei i			
14	First five years. If the Form 990 is for				•		
Sec	check this box and stop here tion C. Computation of Publi	o Support Por	oontooo				
		_		. (0)		T -= T	
	Public support percentage for 2016 (li					15	%
	Public support percentage from 2015 tion D. Computation of Inves				~	16	<u>%</u>
	 :						_
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
	33 1/3% support tests - 2016. If the	_					' is not
	more than 33 1/3%, check this box ar	d stop here. The	organization quali	fies as a publicly s	supported organiza	ation	
	33 1/3% support tests - 2015. If the					•	
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	nization qualifies a	as a publicly supp	orted organization	▶□
20	Private foundation. If the organizatio	n did not check a l	box on line 14, 19a	or 19b, check th	is box and see ins	tructions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of 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.
- 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 (b) and (c) 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")? # "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) 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 (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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in 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 in 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 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		
	3a		
	3b		
	3c		
	4a		
	_ 4b		
	4c		
	5a		
	-l.		
	5b 5c		
	6		
	7		
	8		
	9a		
	9b		
	9c		
	40.		
ŀ	10a		
	10b		
n 9	90 or 99	O-EZ)	2016

Pa	rt IV 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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c	\vdash	
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's 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 directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	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,			
	supervised, or controlled the supporting organization.	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		103	140
•	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	1		
Sec	the supported organization(s). 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		res	MO
•	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			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	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			
•	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), 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	2		1
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated 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	i).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
þ	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in	structions).		
2	Activities Test. Answer (a) and (b) 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		
D	Did the activities described in (a) 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 these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
þ	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,	3b		

	edule A (Form 990 or 990-EZ) 2016 Long Live the Kings			91-1353982 Page 6
Ра	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on I	Nov. 20, 1970 (explain in l	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must c	omplete Se	ctions A through E.	
Seci	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):			
a	Average monthly value of securities	1a		
Ь	Average monthly cash balances	1b		
C	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 1-1/2% 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 .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 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		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	_ 6		
7	Check here if the current year is the organization's first as a non-functional	ly integrate	d Type III supporting orga	nization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions).

Schedule A (Form 990 or 990-EZ) 2016

8 Breakdown of line 7:

b Excess from 2013c Excess from 2014d Excess from 2015e Excess from 2016

Schedule A	(Form 990 or 990-EZ) 201	6 Long 1	Live th	ne Kings	3		91-1353982	Page 8
Part VI	Supplemental Info Part IV, Section A, lines line 1; Part IV, Section D Section D, lines 5, 6, and	rmation. P 1, 2, 3b, 3c, 4 I, lines 2 and 3	rovide the ex b, 4c, 5a, 6, ; Part IV, Sec	planations rec 9a, 9b, 9c, 11 ction E, lines	quired by Part II, line a, 11b, and 11c; Par c, 2a, 2b, 3a, and 3	t IV, Section B, lines 1 b: Part V. line 1: Part V	17b; Part III, line 12; and 2; Part IV, Section . Section B. line 1e: Par	c
	(See instructions.)							
					_			
					_			
			_					
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		-			_			
			<u> </u>					

SCHEDULE D (Form 990)

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.

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

OMB No. 1545-0047 6 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Long Live the Kings

Employer identification number 91-1353982

Pa	rt I Organizations Maintaining Donor Advise		or Accou	nts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin			
		(a) Donor advised funds	(b) Fu	nds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		ed funds	
•	are the organization's property, subject to the organization's	_		Yes No
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor o		-	
			_	Yes No
Pa				
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (e.g., recreation or e	ducation) Preservation of a hist	torically impo	rtant land area
	Protection of natural habitat	Preservation of a cer	tified historic	structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conserva	ation easement on the last
	day of the tax year.			Held at the End of the Tax Year
a	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2b	
¢	Number of conservation easements on a certified historic stru	ucture included in (a)	2c	
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structu	ıre	
	listed in the National Register		2d	<u>il</u>
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	organization	during the tax
	year			
4	Number of states where property subject to conservation eas	sement is located 🕨		
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of		
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cons	servation ease	ements during the year
	<u> </u>			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conserva	tion easemen	ts during the year
	\$			
8	Does each conservation easement reported on line 2(d) above			
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservation	<u>.</u>		
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	the organizat	ion's accounting for
Pai	conservation easements. t III Organizations Maintaining Collections of	Art Historical Treasures or Ot	her Simila	r Assate
Га	Complete if the organization answered "Yes" on Form		ilei Giillia	ii Assets.
4-				
12	If the organization elected, as permitted under SFAS 116 (AS	"		
	historical treasures, or other similar assets held for public exh	·	nce or public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that describe the organization elected, as permitted under SFAS 116 (AS		and balance	shoot warks of art historical
D	treasures, or other similar assets held for public exhibition, ed			
	•	dication, or research in furtherance of pur	olic service, p	rovide the following amounts
	relating to these items:			¢
	(i) Revenue included on Form 990, Part VIII, line 1		_	Ψ
2	(ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treaters.	seures or other cimilar assets for financia		
~	the following amounts required to be reported under SFAS 1:		i gairi, providi	•
a	Revenue included on Form 990, Part VIII, line 1			c
	Assets included in Form 990, Part X			\$
847	The second control of the second of the second seco			_

		ve the Kin				91-1	353982	Page 2
Pa	rt III Organizations Maintaining C							
3	Using the organization's acquisition, accession	on, and other record	ls, check any of the	following that	are a signi	ficant use of its	collection its	ems
	(check all that apply):							
а	Public exhibition	(di 🔲 Loan or ex	change progra	ms			
Ь	Scholarly research							
c	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	n how they further	the organization	n's exempt	nurnose in Pa	rt XIII	
5	During the year, did the organization solicit or		-	-	-			
	to be sold to raise funds rather than to be ma						Yes	☐ No
Pa	rt IV Escrow and Custodial Arrang	ements. Compl	ete if the organizat	ion answered 1	Vec" on Ec	rm 990 Port IV		NO
	reported an amount on Form 990, Par	t X. line 21.	ete ii tile organizat	ion answered	165 01110	mi 990, Parciv	, iirie 9, oi	
40	Is the organization an agent, trustee, custodia		liam reference materials relia		-44 !!			
Id	-		-			_	٦,,	<u> —</u>
	on Form 990, Part X?			•••••		L	Yes	No
D	If "Yes," explain the arrangement in Part XIII a	and complete the to	llowing table:					
						-	Amount	
C	Beginning balance					1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for escrow or o	custodial accou	int liability?	· [Yes	No.
	If "Yes," explain the arrangement in Part XIII.							
Pa	t V Endowment Funds. Complete if	f the organization an	swered "Yes" on F	orm 990, Part i	IV, line 10.			
		(a) Current year	(b) Prior year			Three years bac	(e) Four ye	ars back
1a	Beginning of year balance						1	
b	Contributions							
C	Net investment earnings, gains, and losses							
ų	Grants or scholarships							
	Other expenditures for facilities						 	
	and programs						+	
	Administrative expenses			_				
9	End of year balance						<u> </u>	
2	Provide the estimated percentage of the curre			a)) held as:				
	Board designated or quasi-endowment		_%					
	Permanent endowment							
C	Temporarily restricted endowment ▶	%						
	The percentages on lines 2a, 2b, and 2c shou	•						
3a	Are there endowment funds not in the posses	sion of the organiza	tion that are held a	and administere	d for the o	rganization	_	
	by:						Ye	s No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as requir	ed on Schedule R?	, , , , , , , , , , , , , , , , , , , ,			. 3b	
4	Describe in Part XIII the intended uses of the	organization's endo	wment funds.					
Par	t VI Land, Buildings, and Equipme	ent.						
	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 o		t or other	(c) Accu		(d) Book va	alue
	, and the property	basis (investr		(other)	depre		(4)	
1a	Land	_	-					
b	Buildings							
_	Leasehold improvements		- + -	L2,490.	1	2,490.		0.
				57,028.		0,992.	16	036.
	Equipment		4.	21,0201	41	0,002.	±0,	550.
	Other			<u> </u>			A C	026
<u>ı otal</u>	. Add lines 1a through 1e. (Column (d) must eq	iuai Form 990. Part J	X. column (B). line :	10c.)			40,	036.

1.	(a) Description of liability	(b) Book	value
(1)	Federal income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)		•	
(9)			
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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

that it has appropriate support for any tax positions taken, and as such.

Schedule D (Form 990) 2016 Long Live the Kings	91-1353982 Page 5
Part XIII Supplemental Information (continued)	
does not have any uncertain tax positions that are material	to the
financial statements.	
Part XI, Line 2d - Other Adjustments:	
Special events	111,622.
Part XII, Line 2d - Other Adjustments:	
Special events	111,622.
· · · · · · · · · · · · · · · · · · ·	
<u> </u>	

SCHEDULE F (Form 990)

Department of the Treasury

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.

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

OMB No. 1545-0047 6 **Open to Public** Inspection

Internal Revenue Service 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, 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? Yes X No 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.) (a) Region (b) Number of (c) Number of (d) Activities conducted in the region (e) If activity listed in (d) (f) Total employees, agents, and independent expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type investments contractors recipients located in the region) of service(s) in the region in the region in the region Restore wild salmon and North America 0 Program Services teelhead 231,545. Europe (Including Iceland & Greenland) 0 0 Program Services Research 18,925. 0 0 3 a Sub-total 250,470. b Total from continuation 0 0 sheets to Part I

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

0

0

Schedule F (Form 990) 2016

0.

250,470.

c Totals (add lines 3a

and 3b)

Long Live the Kings

Schedule F (Form 990) 2016

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. Part

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)
		North America	Restore wild salmon and steelhead	11,300.	11,300. Wire Transfer	0		
		North America	Restore wild salmon and steelhead	56,073.	56,073. Wire Transfer	0,		
		North America	Restore wild salmon and steelhead	164,111,	164,111. Wire Transfer	0.		15 15 15
		Europe (Including Iceland & Greenland)	Research	18,925.	18,925. Wire Transfer	0.		
				·				
2 Enter total number of r	recipient organization	se listed above that are r	Enter fortal number of recinient organizations listed shows that are recognised as charities by the fewering our results.	a value oo upiaxo				

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter N

Enter total number of other organizations or entities

ო

Schedule F (Form 990) 2016

Page 3

91-1353982

Long Live the Kings

Schedule F (Form 990) 2016

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.

(h) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2016
(g) Description of noncash assistance						Schedu
(f) Amount of noncash assistance						
(e) Manner of cash disbursement						
(d) Amount of cash grant						
(c) Number of recipients					_	
(b) Region	·					
(a) Type of grant or assistance						

Foreign Partnerships (see Instructions for Form 8865)

Did the organization have an ownership interest in a foreign partnership during the tax year? # "Yes."

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; do not file with Form 990)

the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain

Schedule F (Form 990) 2016

Yes

X No

5

6

Schedule F	(Form 990) 2016 Long Live the Kings	91-1353982	Page 5
Part V	Supplemental Information		
	Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (account		
	investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.		
	tesumated flumber of recipients), as applicable. Also complete this part to provide any additional illioni	iadon. 366 instructions.	
		_	
·			
			
		<u> </u>	
			
			
	<u> </u>		
_			
		·	

SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

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

Employer identification number

OMB No. 1545-0047

Open to Public

Name of the organization Employer identification number 1							entification number
Long Live the Kings Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 1						91-1353	
Part I Fundraising Activities required to complete this par	 Complete if the organization answert. 	ered "Y	'es" or	Form 990, Part IV, I	ine 1	7. Form 990-E2	I filers are not
Indicate whether the organization rais Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations In-person solicitations Indicate whether the organizations Phone solicitations In-person solicitations In-person solicitations In Form 990, Policy employees listed in Form 990, Policy employees li	e Solicitar f Solicitar g Special or oral agreement with any individual eart VII) or entity in connection with previduals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-g gover aising iing of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or con contribu	trol of	(iv) Gross receipts from activity	to (o	Amount paid r retained by) rundraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
		,	•				
3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit c	ontribu	tions	or has been notified	it is e	xempt from reg	gistration
			-				
 							
<u> </u>							
							

		of fundraising event contributions and gro		EZ, lines 1 and 6b. List e	events with gross receipt	s greater than \$5,000.
			(a) Event #1	(b) Event #2 Fall For	(c) Other events	(d) Total events
			Spring Gala	Hood Canal	1	col. (c))
Ф			(event type)	(event type)	(total number)	001. (0))
Revenue	1	Gross receipts	181,172.	105,500.	51,639.	338,311.
	2	Less: Contributions	144,880.	88,557.	22,914.	256,351.
_	3	Gross income (line 1 minus line 2)	36,292.	16,943.	28,725.	81,960.
	4	Cash prizes			12,500.	12,500.
	5	Noncash prizes	9,253.	<u>5</u> ,552.		14,805.
Direct Expenses	6	Rent/facility costs	885.			885.
irect Ex	7	Food and beverages	25,473.	11,391.		36,864.
Ω	8	Entertainment				
	9	Other direct expenses	65,372.	22,415.	40,742.	128,529.
		Direct expense summary. Add lines 4 through	. ,			<u>193,5</u> 83.
	11	Net income summary. Subtract line 10 from lin	ne 3, column (d)			-111,623.
Pa	III. I		answered "Yes" on Form	990, Part IV, line 19, or r	reported more than	
\neg		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant		(d) Total gaming (add
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
Revenue						
	1	Gross revenue				
es G	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
٦	5	Other direct expenses	;	·		
			Yes %	Yes %	Yes %	
	6	Volunteer labor	No	□ No	No	
:	7	Direct expense summary. Add lines 2 through	5 in column (d)		.	
ľ	8	Net gaming income summary. Subtract line 7	from line 1. column (d)			
		er the state(s) in which the organization conduc	_			
		ne organization licensed to conduct gaming ac				Yes No
b	lf "h	No," explain:			**	
	_		<u></u>			
		re any of the organization's gaming licenses rev				Yes No
D		/es," explain:				

<u>Sch</u>	nedule G (Form 990 or 990-EZ) 2016 LONG LIVE the Kings	L-135	39	82	Pag	e 3
11	Does the organization conduct gaming activities with nonmembers?	[□ Y	es		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?	[Y	es		Νo
13	Indicate the percentage of gaming activity conducted in:					
a	a The organization's facility	13	la			%
	An outside facility					%
14	Enter the name and address of the person who prepares the organization's garning/special events books and records:					
	Name					
	Address >					
	Addition					
15:	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Ye	20	\neg	No
IQE	2 2000 the digatization have a contract with a tillid party from whom the digatization receives gaining revenue:	느	_ "	939		МО
h	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 💲 and the amount					
	of gaming revenue retained by the third party > \$					
_	of garing revenue retained by the third party					
	on 165, enter hame and address of the till party.					
	Name					
	Name					
	Address					
	Address					
	Complex of the state of the sta					
16	Gaming manager information:					
	Name					
	Gaming manager compensation 🕨 \$					
	Description of services provided					
	_					
	Director/officer Employee Independent contractor					
17	Mandatory distributions:					
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to					
	retain the state gaming license?	\square	Ye	s [No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	•				
	organization's own exempt activities during the tax year > \$					
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part I	II. lines 9	. 9b.	10b.	15b.	_
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions	,	,,	,	,	
		_	-			
		_				_
			•			_
						_
			_			_
						_

Schedule G (Form 990 or 990-FZ) Long Live the Kings Part IV Supplemental Information (continued)	91-1353982 Page 4
Part IV Supplemental Information (continued)	
	_
	
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SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

Noncash Contributions

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

Attach to Form 990.

Long Live the Kings

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

2016

OMB No. 1545-0047

Open To Public Inspection

91-1353982

Name of the organization

Employer identification number

II 5.	HOIIG DIVO OII	C MANAG	<u> </u>			<u> </u>	1000	702	
Pa	rt I Types of Property	4.3							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contr amounts report Form 990, Part V	ted on	Method of noncash contri			ls
1	Art - Works of art			, , , , , , , , , , , , , , , , , , , ,	m, me rg				
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	Х	4	1	,132.	FMV			
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts			-	-				
25	Other (Auction Items)	X	28	13	,952.		-		
26	Other (Coded Wire Ta)	Х	1	9	,700.				
27	Other (Other)	X	1	1	,000.				
28	Other ()								
29	Number of Forms 8283 received by the organiz	ation during	the tax year for co	ntributions					
	for which the organization completed Form 828	33, Part IV, D	onee Acknowledg	ement	29				
								Yes	No
30a	During the year, did the organization receive by	contribution	n any property repo	orted in Part I, line	s 1 throug	h 28, that it			
	must hold for at least three years from the date								
	exempt purposes for the entire holding period?						30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	olicy that re-	quires the review o	f any nonstandaro	i contribut	ions?	31		X
32a	Does the organization hire or use third parties of			_					
	contributions?	_		•			32a		X
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column	(a) is chec	ked,			
	descrîbe in Part II.								
LHA	For Paperwork Reduction Act Notice, see	the Instruct	ions for Form 990			Schedule N	/ (Form	990) (2016)

Schedule M	(Form 990) (2016) Supplemental	Long	Live	the	Kings	91-1353982	Page 2
Part II	Supplemental is reporting in Part this part for any ac	Informa I, column Iditional in	ition. P (b), the niformation	rovide tl umber o	he information required by Part I, lines 30b, 32b, and 3 of contributions, the number of items received, or a con	3, and whether the organizat	ion lete
							
	· .						
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							,
							
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

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

6 **Open to Public** Inspection

OMB No. 1545-0047

Name of the organization

Long Live the Kings

Employer identification number 91-1353982

Form 990, Part I, Line 1, Description of Organization Mission:	
Northwest.	
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 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:	
Computer & Tech Support:	_
Program service expenses 5,098.	
Management and general expenses 2,705.	_
Fundraising expenses 2,387.	_
Total expenses 10,190.	

Name of the organization Long Live the Kings	Employer identification number 91-1353982
Software License & Support:	<u>-</u>
Program service expenses	0.
Management and general expenses	3,638.
Fundraising expenses	0.
Total expenses	3,638.
Editor and Graphics:	
Program service expenses	5,824.
Management and general expenses	0.
Fundraising expenses	4,460.
Total expenses	10,284.
Website Design & Maint:	
Program service expenses	18,579.
Management and general expenses	2,535.
Fundraising expenses	1,485.
Total expenses	22,599.
Fund Raising:	
Program service expenses	8,873.
Management and general expenses	1,200.
Fundraising expenses	20,872.
Total expenses	30,945.
Film and Video:	
Program service expenses	1,810.
Management and general expenses	12,634. Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization Long Live the Kings	Employer identification number 91-1353982
Fundraising expenses	56,451.
Total expenses	
Secretarial and Office:	
Program service expenses	10.
Management and general expenses	0.
Fundraising expenses	4,666.
Total expenses	
Communications:	
Program service expenses	2,521.
Management and general expenses	66.
Fundraising expenses	6,975.
Total expenses	9,562.
Scientific and Research:	·
Program service expenses	717,973.
Management and general expenses	0.
Fundraising expenses	0
Total expenses	717,973.
Other:	
Program service expenses	6,094.
Management and general expenses	0.
Fundraising expenses	0.
Total expenses	6,094.
Total Other Fees on Form 990, Part IX, line 11g, Col A	886,856.